

California Outcomes and Accountability System Child and Family Services Review 2011 County Self Assessment Report County of San Diego



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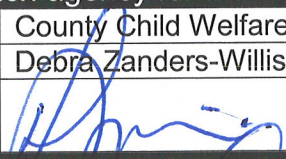
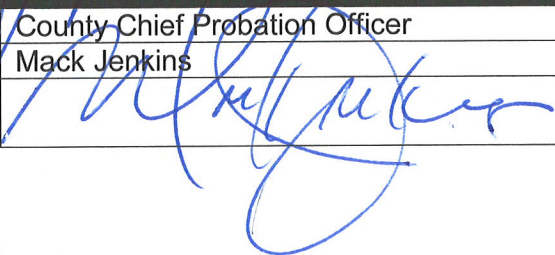
SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY CHILD WELFARE SERVICES

Table of Contents

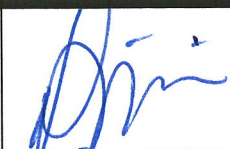
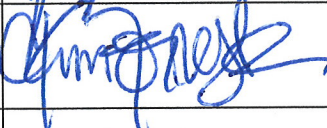
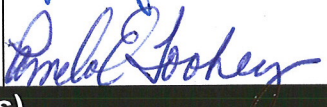
A. CSA Cover Page	1
Introduction	3
B. Demographic Profile	8
1. Demographics of General Population	8
2. Child Welfare Services Participation Rates	10
3. Child Welfare Services Caseload Demographics	13
4. Probation Participation Rate	14
C. Public Agency Characteristics	15
1. Size and Structure	15
2. County Government Structure	18
D. Peer Quality Case Review (PQCR) Summary	22
E. Outcomes	24
1. Safety	24
2. Permanency	26
3. Well Being	37
4. Probation Outcome Reports	39
F. Systemic Factors	41
1. Relevant Management Information System (MIS)	41
2. Case Review System	45
3. Foster/Adoptive Parent Licensing, Recruitment and Retention	50
4. QA System	53
5. Service Array	62
6. Staff /Provider Training	73
7. Agency Collaborations	75
8. Local Systemic Factors	87
G. Summary Assessment	89
1. Overall Assessment	89
2. Areas Needing Improvement	92
3. Strategies for the future	93

Appendix A: HHSA Organizational Chart	95
Appendix B: San Diego County Regional Map	98
Appendix C: County Self Assessment Team	99
Appendix D: County Self Assessment Attendees	100
Appendix E: Stakeholder Survey	103
Appendix F: Stakeholder Survey Results	105
Appendix G: Focus Group Protocol	107
Appendix H: Focus Group Summary Results	110
Appendix I: Stakeholder Meeting Results	112
Appendix J: Commission on Children, Youth and Families (CCYF) Parenting Conference Evaluation	117
Appendix K: CSF Satisfaction Survey	127
Appendix L: Leap Satisfaction Survey	130
Appendix M: Disproportionality Report	132
Appendix N: Data Trend Tables Report	146
Appendix O: References	155

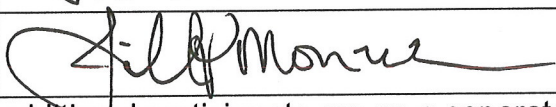
A. CSA Cover Sheet

California's Child and Family Services Review County Self-Assessment Cover Sheet	
County:	San Diego
Responsible County Child:	Health and Human Services Agency (HHSA)
Period of Assessment:	January to October 2011
Period of Outcomes Data:	July 2011, data extract: Q4 2010
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Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Services Director (Lead Agency)
Name:	Debra Zanders-Willis
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Mack Jenkins
Signature:	

In Collaboration with:

County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/ PSSF Funds	Debra Zanders-Willis (Health and Human Services, Child Welfare Services)	
County Child Abuse Prevention Council	Kim Forrester (Commission on Children, Youth and Families)	
Parent Representative	Pamela Toohey (Birth Parent Association)	
As Applicable¹	Name(s)	
California Youth Connection	Sam Rigby (LEAP Coordinator)	
County Adoption Agency (or CDSS Adoptions District Office)	Valesha Bullock (Adoptions Manager, Child Welfare Services)	
Local Tribes	Karen Kolb (Director of Social Services, Rincon Indian Health Center)	
Local Education Agency	Dr. Michelle Lustig (Director of Foster Youth Services, County Superintendent of Schools)	

Board of Supervisors (BOS) Approval

BOS Approval Date:	February 7, 2012
Name:	Jill Monroe
Signature:	

☐ Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

¹ As applicable, provide the name of a representative from each of these entities as pertinent to relevant outcomes (the adoption composite would include a representative that was engaged in that portion of the CSA, likewise, IEP measure (5A), IWCA (4E), etc. No signature is required.

Introduction

The purpose of the County Self-Assessment (CSA) is for each county, in collaboration with their community and prevention partners, to review the full scope of Child Welfare and Probation Services within the county, examine its strengths and needs from prevention through the continuum of care, including reviews of procedural and systemic practices, current levels of performance, and available resources. To that end, the triennial needs assessment for the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community- Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs has been integrated into the CSA process. Integrating these two assessments streamlines duplicative processes, maximizes resources, increases partnerships, and improves communication.

Guiding Principles of the CSA

The guiding principles of the CSA process are the following:

- The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanence and well-being.
- The entire community is responsible for child, youth and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when children's safety is endangered.
- To be effective, the child welfare system must embrace the entire continuum of prevention services and after care prevention.
- Engagement with consumers and the community is vital to promoting safety, permanence and well-being.
- Fiscal strategies must be arranged to meet the needs identified in the CSA.
- Transforming the child welfare system is a process that involves removing traditional barriers within programs, our system, and other systems.

About the County Self Assessment Team Process

The County of San Diego, Child Welfare services (CWS) and Juvenile Probation Department would like to thank the over 138 representatives from private, public and community that assisted the 2011 County Self-Assessment (CSA) process and especially the CSA Team members (Appendix C) for their hard work, commitment and contributions to this effort. This report would not have been possible without their expertise and dedication.

The County hired Harder+Company Community Research to facilitate the CSA stakeholder forums, conduct the four regional focus groups, and analyze the information gathered from these activities. Furthermore, information from the County's 2011 Peer Quality Case

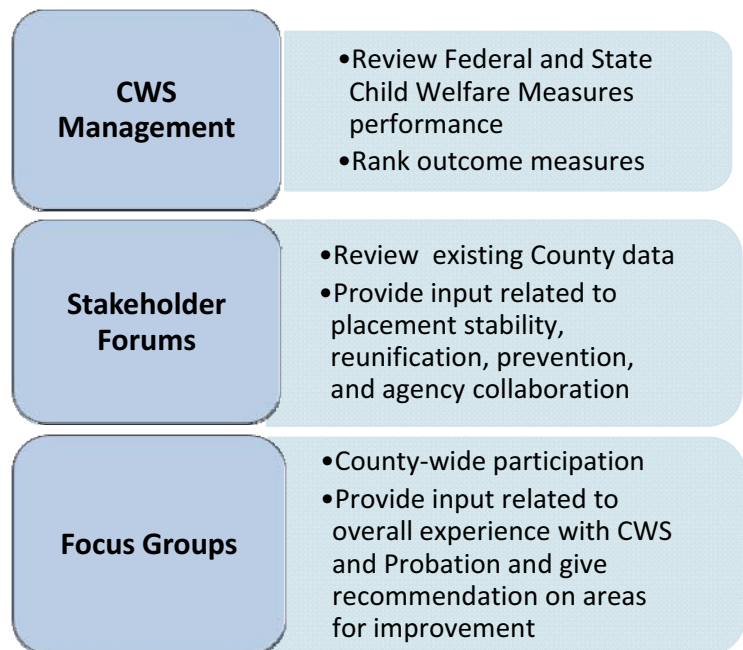
Review (PQCR) was also incorporated into this report. The County used a CSA Survey (Appendix E) to gather additional information from stakeholders. The survey was distributed to stakeholders during the first two stakeholder forums. Survey results were collected and compiled by Harder+Company and the findings were incorporated into this report and are included in Appendix F.

Beginning in July 2011, the CSA Team met weekly for planning and discussion. During these meetings, the CSA Team developed a county-wide community and stakeholder engagement process to inform the writing of the CSA report. This engagement process involved three levels of input.

CWS Management Staff. To best determine the focus areas for the CSA, the CWS Data Unit added information to the CDSS quarterly data report to show San Diego County's performance ranking in relation to the other nine most populous counties in the state -- Alameda, Contra Costa, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Bernardino and Santa Clara. Because the CDSS quarterly report includes over 50 rows of data, the rankings were extremely helpful in narrowing the focus. In addition, a handout with the rankings included statewide performance and federal standards, where applicable, so that local performance could also be evaluated against those important benchmarks.

In August 2011, at the CWS monthly Program Integrity meeting, attended by CWS managers and executives, attendees were provided with a presentation that addressed both those measures where the County is doing well, as well as those measures where the County has room for improvement.

Exhibit 1: Three Levels of CSA Input



- Examples of measures in which the County is performing well (relative to federal standard and/or ranking) included:
 - (S1.1) Recurrence of maltreatment
 - (S2.1) No maltreatment in foster care
 - (C2.3) Adoption within 12 months, for children in care 17 months or more
 - (C3.1) Exits to permanency, for children in care 24 months or more
 - (5B) Children with timely, up-to-date health exams
 - (8A) Exit outcomes for youth aging out of foster care, specifically sub-measures on percent of youth who have received Independent Living Program services, have housing arrangements and have a permanency connection with an adult upon exiting the system.
- Examples of which the County has room for improvement (relative to federal standard and/or ranking) included:
 - (C1.1, 1.2, 1.3) Timely reunification measures
 - (C2.1, 2.2) Timely adoption measures
 - (C3.3) In care 3 years or longer (emancipated /age 18)
 - (C4) Placement stability measures
 - (2C) Timely social worker visits
 - (4A) Placement with siblings
 - (4B) Least restrictive and point-in-time relative and group/shelter placements

Following the presentation, the managers and executives then broke into discussion groups and were asked to identify the five most important measures to focus on in the CSA and to rank them one through five (with 'one' being most important).

The discussions in the groups were thoughtful and reflective, but also grounded in the realities of practice and the external factors that impact our work. For example, although San Diego County ranked low on the long-term care measure C3.3, "In Care Three Years or Longer (Emancipated/Age18)," there was concern that the recent AB12 legislation could have an unintended negative impact on our performance on this measure, thereby making improvement more challenging.

The groups' rankings resulted in four priority measures: C4.1-placement stability; 2C -timely social worker visits; C1.3- timely reunification (entry cohort); and 4A-placement with siblings. Through discussions in the CSA Team weekly meetings this was further narrowed to placement stability and reunification. The "timely social worker visits" measure (2C) was not included in community stakeholder meetings because it is an operational measure and would not be a relevant topic for

stakeholder input and the sibling placement measure, rather than being treated as a separate topic, was integrated into discussions regarding placement stability.

Stakeholder Forums. Invitations were emailed to agency partners including but not limited to: CWS staff, contractors, juvenile court attorneys and staff, law enforcement, early childhood service providers, school districts including specialty Foster Youth Liaisons and COE Foster Youth Services, Licensed Group home/ FFA Forum chairperson, Independent Living Skills Service Providers (CWS and Probation), Public Health, Mental Health, Alcohol and Drug Services, Tribes, Public Child Welfare Training Academy, and Foster Parent Association. They were invited to attend four stakeholder meetings held from September to October 2011.

The stakeholder forums addressed:

- Placement Stability
- Reunification
- Prevention
- Agency Collaboration

A total of 75 participants attended the forums with the following breakdown by meeting day:

Number of attendees	Meeting Date			
	9/12/11	9/19/11	9/26/11	10/3/11
	58	45	48	34

At each meeting, members of the CSA team presented an overview of the CSA process, current San Diego County Child Welfare Services (CWS) and Probation data on trends and best practices. Following the presentation, stakeholders were provided key questions related to the day's topic and asked to work in small groups of six to eight members on key areas of strength and weakness. The input generated from stakeholders has informed the writing of this CSA report.

Focus Groups. Families and community partners were invited to participate in focus groups held throughout the county. A focus group was conducted for each of the four county regions (i.e., south, central, north, and east). Additionally, two focus groups (one with adults and one with teens) were conducted with members of Native American communities residing in rural areas of the county. There were a total of 62 participants who provided feedback at these focus groups.

County Self Assessment Team Composition

The County of San Diego Team composition was based on the CDSS-CSA Guide (Version 3.0) list of required core and consulted member representatives. Required representatives included parents, youth, foster parents and Indian Child Welfare experts representing local Native American tribes. Community-based partners from more than thirty-four social services agencies were also represented. The Team included multi-disciplinary subject matter experts in education, criminal justice, domestic violence, Regional Center and mental health.

County Team members represented staff from CWS and Probation. Centralized CWS program staff from Adoptions, Residential and Adolescent Services, Foster Home Licensing, Indian Specialty Unit, Policy and Program Support and Polinsky Children's Center (PCC) were all represented. Other Health and Human Services Agency (HHSA) departments included staff from the Commission on Children Youth and Families, Public Health, Alcohol and Drug Services, Mental Health and the Office of Violence Prevention. The County's Juvenile Court representatives included staff from the Juvenile Court, Public Defenders, Probation, and Juvenile Forensics.

B. Demographic Profile

This section of the CSA reviews the demographic profile of San Diego County in four ways: 1) the general population, 2) Child Welfare Services participation rates, 3) Child Welfare Services Caseload Demographics, and 4) Probation participation rates.

1. Demographics of the General Population

San Diego County is a diverse region in both topography and population. The county consists of 4,261 square miles and is bordered by Mexico to the South, Camp Pendleton Marine Base to the north, mountains and deserts to the east, and the Pacific Ocean to the west. The total estimated county population, from the San Diego Association of Governments (SANDAG), for 2010 is 3,199,706. The under age 18 population is estimated at 724,168ⁱ. Race/Ethnic data breakdowns are provided in the table below.

Exhibit 2: 2010 Population Under Age 18 by Ethnicity, San Diego County ^{xv}		
Race/Ethnicity	Number	Percent
Hispanic	329,986	45.6%
White	245,644	33.9%
Asian/Pacific Islander (P.I.)	66,900	9.2%
Black	35,095	4.8%
Nat American	3,204	0.4%
Other	43,339	6.0%
Total	724,168	100.0%

* Important Note regarding population under 18 data: These data come from the UC Berkeley Center for Social Services Research. Their methodology section cautions against trend analysis because of the methodology they have chosen to use for 2009 to 2011 population data. For more information see their methodology section here: <http://cssr.berkeley.edu/cwscmsreports/methodologies/default.aspx?report=Population>

The following table provides additional County information and demographics:

Exhibit 3: Additional San Diego County Demographic Details	
Description	Data
Native American Tribes	There are 18 Native American reservations represented by 17 Tribal Governments in San Diego County, which is more than any other county in the United States. ⁱⁱ Each tribe is represented by one of two consortiums. Southern Indian Health Council represents Barona, Campo, Ewiiapaayp, Jamul, La Posta, Sycuan, Manzanita, and Viejas. Indian Health Council represents Inaja-Cosmit, La Jolla, Los Coyotes, Mesa Grande, Pala, Pauma, Rincon, San Pasqual, and Santa Ysabel. Both tribal consortiums participated in the CSA process through stakeholder meetings and/or focus groups.
Education	According to 2010-11 enrollment data there were 498,243 children enrolled in public schools in grades K-12. This was an increase of about 2,554 from the previous CSA (2007-08) but has decreased from a high of 499,750 in 2002-03. These children were spread across 42 school districts and County Office of Education administered schools, such as the school at Juvenile Hall. Of the 495,689 children enrolled in 2007-08, 50,706 (10.2%) were enrolled in Special Education. ⁱⁱⁱ
School Drop-Out Rate	The most current dropout rate for grades 9-12 (2009-10) was 3.9%; 0.1% higher than at the last CSA (3.8%). The 4-year derived dropout rate was 14.6%; 0.3% lower than at the last CSA (14.9%). The 4-year derived dropout rate is an estimate of the percent of students who would drop out in a four year period based on data collected for a single year. ^{iv}
Teen Births	In 2009, there were 3,548 live births to teen mothers which accounted for 7.9% of all live births. Both numbers are lower than at the last CSA (3,789 and 8.1%, respectively) and have remained relatively stable over the last few years. This is also lower than the high of 4,831 teen births (comprising 10.8% of all live births) in 1996. ^v
Number of Children on Child Care Waiting Lists	According to the Needs Assessment produced by the San Diego County Child Care Planning Council, there are an estimated 9,600 children on Child Care Subsidized waiting lists. ^{vi} That figure is just slightly lower than the number of children on the list in 2005.
Cost of Child Care	On average, child care in San Diego County costs about \$9,000 per year for infants at Family Child Care Homes (FCCHs), and about \$12,700 at child care centers. Preschool averages \$9,700 per year at centers and \$8,000 at FCCHs. School age costs are slightly less than preschool, averaging \$7,400 for FCCHs and \$8,500 for center-based care lists. ^{vii}
Number of Children Participating in Subsidized School Lunch Programs	As of October 15, 2008, the data source for this data is no longer available (the Crime and Violence Prevention Center within the California Attorney General's Office is no longer in operation). ^{viii}
Number of Children Receiving Age Appropriate Immunizations	In the fall of 2010, 91.7% of children in reporting kindergartens had all required immunizations. ^{ix} This is a slight decrease from 2007 (92.3%). ^x
Number of Low Birth Weight Babies	The number of low birth weight babies (under 2,500 grams) in 2009 was 2,991, or 6.7%. While the number decreased from 2006, the percent increased by 0.1%. ^{xi}
Number/Rate of Families Receiving Public Assistance	<i>Cal WORKs</i> : The current number of families receiving Cal Works support was 32,339 as of June 2011. ^{xii} This is a 29.0% increase from 2008 (25,060). ^{xiii}
Number/Rate of Families With No Health Insurance	According to the 2009 California Health Interview Survey, the number of uninsured children was 37,000, or 4.6% of the 0-17 population. The number of uninsured children has been decreasing over the past nine years, from 80,000 (11.2%) in 2001 to 37,000 (4.6%) in 2009. ^{xiv}

Exhibit 3: Additional San Diego County Demographic Details

Description	Data
Number of Families Living Below Poverty Level	According to the U.S. Census Bureau, the percent of persons living below the poverty level was 12.5% (372,782 people) in 2009. The percent of children (under the age of 18) living below the poverty level in 2009 was estimated at 16.8% (122,455 children). ^{xv}
County Unemployment Rate	The unemployment rate was 10.2% in August 2011, up 5.4% from 2008 (4.8%). ^{xvi}

The numbers above show that the economic recession has had significant impacts on the San Diego community. These impacts include a 29.0% increase in the number of families receiving CalWorks and an increase in unemployment of 5.4 percentage points. As the recession continues, we may see over time an impact on the Probation and Child Welfare outcomes. For example, lack of employment can lead to increased family stress and make it more challenging for parents to provide a safe and stable environment for their children.

On the positive side, like many jurisdictions, we are seeing a decrease in the teen birth rate. Research has shown that children born to teen moms are at increased risk for a wide range of poor outcomes; therefore, a decreasing teen birth rate is a positive development. We hope to see continued declines in the teen birth rate due to a 5-year Federal grant received by San Diego Youth Services (SDYS) in 2010 to target the reduction of teen pregnancies.

Another significant impact on the San Diego community is the military population. Some facts regarding the military in San Diego include:

- Military installations cover nearly 6.0% of San Diego County.
- Although less than 1.0% of the entire U.S. population lives in San Diego County, the region is home to more than 8.0% of the Active Duty U. S. military population.
- Nearly 17.0% of all Active Duty Navy personnel and nearly 30.0% of all Active Duty Marine Corps personnel are stationed in San Diego County.
- An estimated 56,096 of San Diego's Active Duty personnel have families. This equates to 118,296 family members of which almost 60.0% are under the age of 18 and more than half are age 7 or younger^{xvii}.

During the PQCR, it was noted that the military families accessed Interstate Compact on the Placement of Children (ICPC) evaluations more often as extended family was out of state while the military participant was located in San Diego. During CSA the focus groups did not report military related information but the stakeholder group cited a need to increase collaboration with the military.

2. Child Welfare Services Participation Rates

Please note that 2007 population data is different than the data in the previous CSA report due to a change in population data from the UC Berkeley Center for Social Services Research. For more

information about this change, see their methodology section at the website below:
<http://cssr.berkeley.edu/cwscmsreports/methodologies/default.aspx?report=Population>.

Exhibit 4: Child Welfare Participation Rate (2007-2010)

Participation Measures ^{xvi}	San Diego County				California
	2007 Number*	2007 Rate per 1000	2010 Number*	2010 Rate per 1000	2010 Rate per 1000
Child Population	784,951	-	724,168	-	-
# Children in referrals	49,626	63.2	50,369	69.6	51.6
# Children in Substantiated Referrals	10,753	13.7	6,725	9.3	9.6
Children Entering Out-of-Home Care	2,293	2.9	2,058	2.8	3.3
Children Entering Out-of-Home Care for First Time	1,921	2.4	1,729	2.4	2.6
Children in Out-of-Home Care	5,243	6.7	3,751	5.2	5.9

* Numbers are based on calendar year data, except for the "children in out-of-home care" numbers which are point in time for 7/1/07 & 7/1/10. The "children in referrals" number is an unduplicated count and differs from the County's annual operational report which counts every time a child is referred resulting in 74,489 children in referrals in FY09-10).

In the table above, the child population shows a decrease (although UC Berkeley cautions against year-to-year comparisons due to methodological changes), while the number of referrals has remained relatively steady, and substantiated referrals, entries into out-of-home care and children in out-of-home care have decreased. Several factors may have contributed to these decreases. There have been practice and policy reforms such as Structured Decision Making (SDM); Team Decision Making (TDM) meetings; increased early childhood services, including training and coaching for social workers, placement stabilization services and wraparound services; and an increased use of evidence informed approaches such as Incredible Years, Safe Care, and Project KEEP.

In addition, many of the programs funded by prevention and intervention funds support permanency for children by providing supportive services to birth parents and relative caregivers and have contributed to the reduction in the number of children in out-of-home care. These programs include: contracted visitation services to support frequent visits between parents and their children in foster care; Community Services for Families' case management; Safe Care home visiting; peer parent partners to help new parents navigate the systems; and training and support groups for kinship providers. In addition, children's well-being and educational success is supported by special education legal advocacy services which support children who need advocates to address disciplinary issues and/or access to needed special education services. Providing the most vulnerable children with these critical services when needed promotes placement stability, reunification and can help break a cycle of generational system involvement. These programs are described in further detail in Section 8, Service Array.

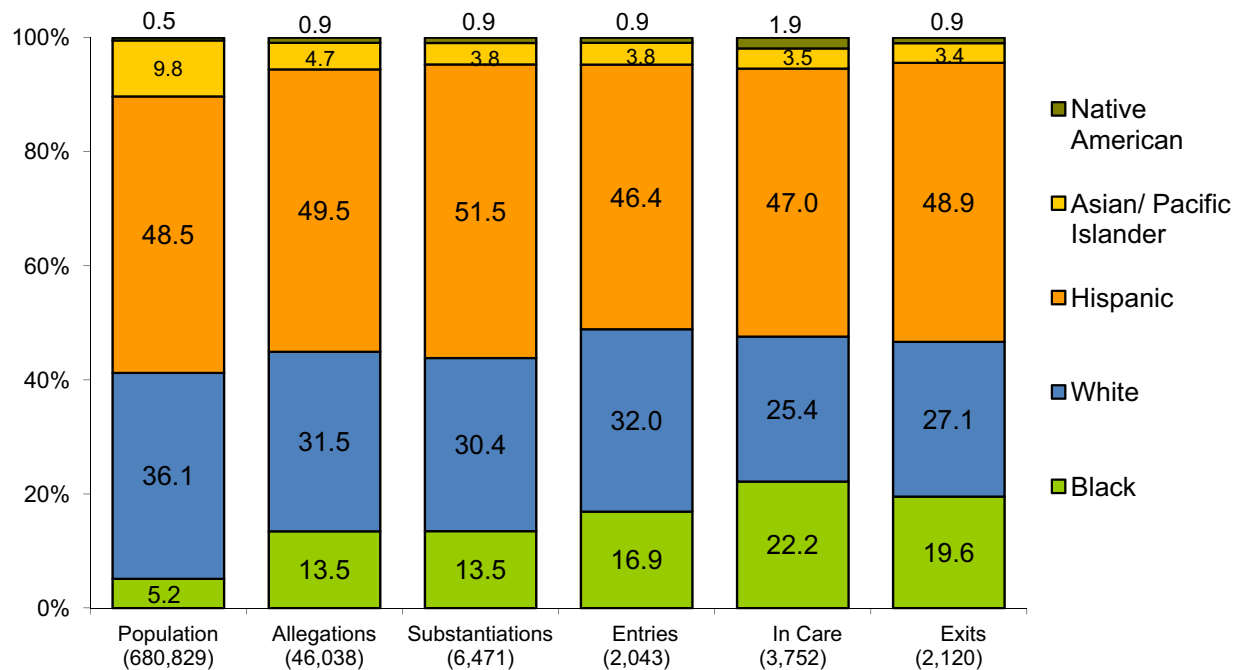
The County reports allegation data using an annual operational report referred to as the "Triangle Chart." Trend data are not provided in this report because the data are significantly impacted by changes in policies and definitions over time. In fiscal year 2010-11, referrals received by the County of San Diego included the following distribution of allegations:

- 43.8% included an allegation of general neglect
- 36.1% included an allegation of emotional abuse
- 31.3% included an allegation of physical abuse
- 19.3% included an allegation of “at risk, sibling abused”
- 18.2% included an allegation of sexual abuse
- 3.7% included an allegation of caretaker absence
- 2.7% included an allegation of severe neglect
- 0.1% included an allegation of exploitation.

As the graph below shows, disproportionality exists for Black and Native American children across all paths of the child welfare system. In 2010, Black children made up 5.0% of the child population in San Diego County yet Black children made up 14.0% of allegations, 14.0% of substantiations, 17.0% of entries, 22.0% of children in care, and 20.0% of all exits. Disproportionality has been a focus in San Diego’s System Improvement Plan (SIP) and efforts will continue.

San Diego County Ethnicity and Path through the Child Welfare System 2010

(Missing Values & “Other” Race Excluded from % Calculations and Population Totals, <18 years of Age)



3. Child Welfare Services Caseload Demographics

The following tables provide demographic information on children in referrals and in out-of-home care. These data come from the California Department of Social Services quarterly reports available from the UC Berkeley Center for Social Services Research, <http://cssr.berkeley.edu/cwscmsreports>.

Explanatory Notes for Participation and Caseload Demographic Tables

- UC Berkeley counts unduplicated numbers of children, so if a child is on multiple referrals during the year, they are only counted once during the year.
- UC Berkeley uses population projections from the California Department of Finance to calculate rates. These numbers are somewhat different than the population estimates from SANDAG used in many other San Diego reports (such as the San Diego County Report Card on Children & Families). The child population UC Berkeley used to calculate the participation rates for children in out of home care, as

Exhibit 5: Children with Maltreatment Referrals by Age, San Diego County, 2010^{xv}

Age Group	Children with Allegations	Total Child Population	Incidence per 1,000 Children
Under 1	3,412	40,674	83.9
1 - 2	6,077	81,593	74.5
3 - 5	8,965	120,824	74.2
6 - 10	13,553	193,631	70.0
11 - 15	13,261	201,494	65.8
16-17	5,101	85,952	59.3
Total	50,369	724,168	69.6

Exhibit 6: Children with Maltreatment Referrals by Ethnicity, San Diego County, 2010^{xv}

Ethnic Group	Children with Referrals	Total Child Population	Rate per 1,000 Children
Black	6,198	35,095	176.6
White	14,494	245,644	59.0
Hispanic	22,789	329,986	69.1
Asian/Pacific Islander	2,145	66,900	32.1
Native American	412	3,204	128.6
Missing	4,331	43,339	99.9
Total	50,369	724,168	69.6

Exhibit 7: Children in Out-of-Home Care by Age, San Diego County, As of July 1, 2010^{xv}

Age Group	In Care	Total Child Population	Rate per 1,000 Children
Under 1	247	40,674	6.1
1 - 2	618	81,593	7.6
3 - 5	589	120,824	4.9
6 - 10	775	193,631	4.0
11 - 15	935	201,494	4.6
16-17	588	85,952	6.8
Total	3,752	724,168	5.2

Exhibit 8: Children in Out-of-Home Care by Ethnicity, San Diego County, As of July 1, 2010^{xv}

Ethnic Group	In Care	Total Child Population	Rate per 1,000 Children
Black	833	35,095	23.7
White	953	245,644	3.9
Hispanic	1,763	329,986	5.3
Asian/Pacific Islander	133	66,900	2.0
Native American	70	3,204	21.8
Missing	0	43,339	0.0
Total	3,752	724,168	5.2

The rate of children in out-of-home care decreased from 6.7 per 1,000 children in 2007 to 5.2 in 2010, resulting in a decrease of over 1,500 children in care as of July 1 in each year (from 5,243 in 2007 to 3,752 in 2010). This reduction in out-of-home care rates was seen for children of all races/ethnicities.

4. Probation Participation Rate

There are approximately 3,700 wards under Probation supervision. Within the total population, 120 wards fall into the category of those receiving foster care services, which include residential treatment facilities, foster homes and relative/non-relative placements. Reasons for placement include sex offenses, substance abuse and behavioral/mental health issues.

C. Public Agency Characteristics

This section of the CSA reviews two characteristics of the Child Welfare System: 1) size and structure and 2) county government structure.

1. Size and Structure

Within San Diego County, child welfare services are provided through the Health and Human Services Agency (HHSA) and the Probation Department. Probation falls under the Public Safety Group, one of five groups that report to a Chief Administrative Officer. The other four groups are HHSA, Land Use and Environment, Community Services and Finance and General Government (see Appendix A).

Under HHSA, the Child Welfare Services (CWS) department is headed by a director who works closely with the Probation Director on all matters that jointly impact the welfare of children in San Diego County. CWS is responsible for an emergency shelter for abused and neglected children, foster home licensing and adoptions.

a. County Operated Shelter

Jessie Polinsky Children's Center (PCC): CWS operates the A.B. and Jessie Polinsky Children's Center (PCC), a 24-hour facility and Assessment Center for the temporary emergency shelter of abused and neglected children, birth to 18 years that need to be removed from their home for their safety. PCC is licensed by the State Department of Social Services Community Care Licensing (CCL) division to serve up to 204 children, but on average, houses 58 children per day. The average length of stay for all ages of children is 11 days.

The PCC campus includes six residential cottages, an infant nursery, medical clinic, school, library, cafeteria, gymnasium, two swimming pools, two playgrounds and an athletic field. PCC also includes a 23-hour Assessment Center, and a Prevention Pavilion that provides space for Promises2kids and other community child abuse prevention activities.

PCC also offers the following on-site specialized services:

- ***Physical Health Clinic:*** A contracted service with Rady Children's Hospital, and Health Center that provides a comprehensive health screening for new arrivals, arranges for specialized services and provides on-going health care for all children detained in PCC.
- ***Mental Health Services:*** A contracted service which provides on-site assessments, individual therapy, medication evaluations and crisis intervention.
- ***Developmental Screening and Evaluation Program:*** A contracted service with Rady Children's Hospital, funded by the First 5 Commission of San Diego County that provides screening, evaluation and referral services for children, ages birth to 5 years and 11 months. Additional services funded by First 5 through June 2012 include coaching and training for workers in the infant and toddler cottages and transitional services for caregivers, including developmental and behavioral coaching, as children transition from PCC to a foster or relative home.

- **Critical Assessment for Release Early (CARE):** A County operated program, where social work staff complete assessments, child abuse investigations and home evaluations to expedite timely return home or arrange for relative placements.

Children served at the Polinsky Children's Center continue to benefit from the successfully unique public-private partnerships. As a result of public support and private contributions, the Polinsky Children's Center has been able to offer abused, neglected and abandoned children an environment that is safe, secure and as homelike as possible.

In addition to PCC, the County contracts for:

- a 23-hour assessment center in the North Region operated by a non-profit agency, Child Assessment Network North (CANN),
- Way Station foster homes, short-term foster homes in the East, Central, North Central and South Regions are used to direct children from PCC.

These two contracts allow for children in need of emergency foster care to be placed in their communities until more permanent placement decisions are made. These contracts support children from having multiple placements, help to ensure children continue to attend their school of origin when removed from parents and enhances their overall well-being.

San Pasqual Academy (SPA): San Pasqual Academy is a first-in-the-nation residential education campus designed specifically for foster youth. The Academy offers an alternative placement option to youth 12 to 18 years old, who are dependents of Juvenile Court and in Another Planned Permanency Living Arrangement (APPLA) or in Family Reunification (FR) status. The Academy opened in October 2001 and is currently licensed to serve up to 184 youth. Located in Northern San Diego County the Academy provides youth with a stable, caring home, a quality, individualized education and preparation for independent living. The 238-acre campus features individual family-style homes, an on-site high school, a computer for each youth in the homes, a cafeteria, a gymnasium, a health and wellness center, a technology and career information center, an assembly hall, recreation fields and a swimming pool. Teens live and learn as they prepare for college and/or a career path.

The Academy is built around a unique partnership of public and private agencies. New Alternatives, Inc., a non-profit agency, provides the residential component on campus, as well as a day rehabilitation program, a health and wellness center, and an intergenerational mentoring program. The San Diego County Office of Education administers the on-site high school program, with additional tutoring support by the UROK Learning Institute, a skills intervention and character education program. San Pasqual Union School District educates the middle school youth placed at the Academy. The Youth Empowerment Services (YES) Program, a work readiness program, is funded by San Diego Workforce Partnership and program services are facilitated by ACCESS, Inc. A social work unit from the County's Health and Human Services Agency manages the youth's dependency case while an administrative unit provides contract oversight.

SPA provides a stable, supportive environment which helps youth transition successfully to adulthood.

San Diego County Juvenile Hall: The County of San Diego Probation Department operates two 24-hour, maximum-security, juvenile detention facilities (aka Juvenile Halls) in the county; Kearny Mesa Juvenile Detention Facility (KMJDF) and East Mesa Juvenile Detention Facility (EMJDF). These facilities house male and female offenders awaiting Juvenile Court and placement in the diverse commitment options available to the Court. Offenders range in age from 10 through 19. Offenders are held by court order for offenses ranging from truancy to murder. The average length of stay is less than a month. KMJDF has a maximum capacity of 359 and EMJDF has a maximum capacity of 290.

b. County Foster Home Licensing

The County of San Diego has a Memorandum of Agreement with the State of California to license foster homes. All licensed homes receive a State Foster Home License. Potential caregivers attend an orientation, receive First Aid certification and CPR, are TB tested, and submit to a background check. The family home is visited and approved by a Licensing Program Analyst. Caregivers are required to attend 27 hours of pre-service training. After licensing, they are required to attend at least eight hours of training per year and maintain their First Aid and CPR certification. Currently, the licensing worker meets with the family bi-annually, unless the home is on probation.

San Diego County began to integrate Melding concepts into the Foster Home Licensing and Adoptions processes in July 2010. Applicants currently attend one integrated Orientation for both foster home licensing and adoptions. The foster home licensing process and the adoption home study are conducted simultaneously. This prepares families to care for children in the foster care system either temporarily or permanently. These families are known as “Resource Families” and the process allows greater timeliness to permanency for dependent children.

The County of San Diego Foster Home Licensing and Adoptions Program are now united under the umbrella name of Foster and Adoptive Resource Family Services, combining services to ensure a comprehensive evaluation of a family as a resource placement for children. Licensing workers primarily focus on the State requirements for safety of the family’s residence, while Adoption home study workers focus on the psychosocial evaluation of the family. Both parts of the Melding service must be completed before a child can be placed in the home. Melding orientation meetings are led by both licensing and adoption workers. Families apply once for both programs with a melded application document. Communication between the programs is facilitated by an Authorization to Share document signed by the applicants. Inter-program and melding issues are addressed and action plans are developed at the monthly meetings of the Melding Oversight Committee.

c. County Adoptions

San Diego County Adoptions (SDCA) is licensed by the California Department of Social Services as a full service Adoption agency.

The Adoption program is also governed by the County of San Diego, Health and Human Services Agency that provides permanency planning for dependent children of the Juvenile Court who do not reunify with their birth parents.

This program assumes care, custody and control of a child through relinquishment of the child to the Adoption agency or involuntary termination of parental rights. The program also counsels birth parents who are considering voluntary relinquishment, assesses prospective adoptive parents, assesses children for adoption, places children for adoption and supervises adoptive placements. SDCA is regionalized with six offices throughout the County.

The CWS Adoption program also includes several specialized units:

- *Support Services*: This Unit handles the recruitment of adoptive families and assists social workers search for adoptive homes nationwide for hard to place children. This unit also coordinates training for all adoptive parents and adoption staff.
- *Guardianship*: This Unit assesses families and children for a permanent plan of legal guardianship.
- *Independent Adoptions*: This Unit investigates petitions for adoption filed by independent parties, such as adoptive parents or adoption attorneys. The children being adopted through this program are not dependents of the court.
- *Step Parent Adoptions*: This Unit investigates step parent adoption petitions filed within the County of San Diego.
- *Permanency Placement Assessment*: This Unit screens concurrent planning placement referrals and pre-assesses children for permanency prior to the termination of parental rights hearing. This Unit also handles all of the noticing for termination of parental rights hearings on cases active to Adoptions.

The SDCA collaborates with other Counties, States and Countries to place children with permanent families. For example, SDCA works closely with Adopt America Network which is a clearinghouse for adoptive families throughout the United States with approved adoption home studies, waiting to adopt children with special needs.

SDCA believes that all children are adoptable and strives to place all children eligible for adoption in a permanent home, including older children, children with special needs and large sibling groups. The Agency partners with the San Diego Chargers and KFMB Channel 8 to raise adoption awareness in the community by featuring waiting children on Channel 8 and in the annual Leap of Faith Calendar showcasing photos of children awaiting adoption.

As stated in the previous section, the SDCA works closely with County Licensing and has now become known as Foster and Adoptive Resource Family Services.

The Probation Department does not actively pursue or explore adoptions of juvenile court wards. The Probation Department does not have licensed adoption workers. Probation Officers advise parents of the availability of adoption counseling services as part of the completion of the Division 31 case plan. This is documented in the case plan.

2. County Government Structure

The County of San Diego government organizational chart is included in Appendix A. CWS falls under the HHSA umbrella. In order to better provide services to its customers, the HHSA divides the County

into six geographic service regions: Central, North Central, South, East, North Inland and North Coastal. HHSA's Regional Map is included in Appendix B. Each region examines the needs in their communities and strives to provide services to meet those needs. Consequently, services are uniquely tailored to each region.

San Diego County Juvenile Probation provides services through its Placement Unit. The Placement Unit is a specialized unit within Juvenile Field Services whose primary responsibility is to secure and monitor appropriate placements in Residential Treatment facilities, foster home and Relative/Non-Relative Extended Family Member homes. In addition, the Placement Unit supervises youth in the Dual Status Pilot Project and youth in the Juvenile Forensic and Stabilization Team (JFAST) program.

a. Staffing

The current staffing for CWS includes 502 Protective Services Workers, 124 Senior Protective Services Workers, 112 Protective Services Supervisors, eight Protective Services Aids, 74 Social Worker I, II's, III's, eight Social Work Supervisors and 156 Support Staff. This represents a loss of 148 staff positions over the last three years primarily through attrition with an average of five and a half to six staff members leaving child welfare each month. Every attempt is made to fill line staff vacancies. In order to mitigate the decrease in state funding, CWS partnered with the First Five Commission of San Diego to fund the Early Childhood Support Services Project. This project trained social workers to address the unique needs of children birth to age five. The project leveraged Title IV-E funding with First Five funding to support 44 positions. However in the future, further cuts to funding may result in impacts to service. Although the county does have contracts that provide some services to families, no core child welfare services are provided by contractors.

The average worker caseload for investigation and initial services has averaged 11.6 over this self assessment period. Ongoing case-carrying workers providing continuing services to families have averaged 19.7 cases during this period.

The Probation Department Placement Unit is comprised of one Supervising Probation Officer, two Senior Probation Officers, eight Deputy Probation Officers and two Probation Aides.

Staffing has been very consistent within the Placement Unit. Staff turnover is very low, with the loss of staff usually occurring as a result of promotion, retirement or placement in a specialty unit. The Placement Unit lost one position three years ago, as a result of budget issues. The position was that of the Quality Assurance Officer. There are two officers that complete home evaluations and do not carry a caseload. The average caseload for the case carrying officers is thirty cases.

b. Bargaining Unit issues

The local bargaining unit for CWS social workers is the Local Service Employees International Union (SEIU 2021). CWS management has monthly meetings with SEIU Union Representatives. During the past twelve months, union issues have involved equitable caseload assignments and information technology needs of social workers.

Probation Officers are represented by the Probation Officers Association, an independent organization comprised of sworn Probation staff. There are no collective bargaining issues that impact the provision of child welfare services for Probation.

c. Financial Material Resources

The 2011 State Budget realigned Child Welfare Services and the revenue to support the program. Under "Realignment 2011," the State replaced State General Funds with a portion of sales tax revenues to the county to fund the realigned programs. This is a significant shift to the county from having a known and committed amount of State funding to an estimated variable amount of sales tax which is remitted based on economic activity. The economy remains weak with the resulting impact of decreased available revenue. We are still waiting for information from the State on how funding for the realigned programs will be handled in subsequent years. In addition, California recently enacted AB12, providing services to former foster youth up to age 20, and potentially up to age 21 upon legislative approval. This new program is effective January 1, 2012. As a realigned program, the additional costs for this program will come from existing realignment funds.

These factors, along with the \$80 million reduction statewide to Child Welfare services in FY 2009-10, continue to impact our staffing levels and reduce resources for children and families in the form of services. In addition, funding for First 5 funded CWS programs may be at risk if the State is successful in its efforts to take some of the local commission funding to address the State budget crisis.

Dwindling resources, lower staffing levels, additional workload from new mandates and changes in the law, and economic pressures on our staff in a poor economy may all have an impact on our ability to achieve positive outcomes for our children in these economic times. However, we continue to look for best practice strategies to better serve our children and their families by researching other available funding streams, reducing workload where possible, and strategizing to maintain the positive outcomes we have achieved. For example, CWS has worked diligently to leverage CAPIT, CBCAP, PSSF, and Children's Trust Fund with funding from internal and external partners, including County Mental Health (CMH), United Way, First 5 Commission of San Diego County, Alcohol and Drug Services, and Foundations. CWS has also secured funding from the federal government as well as partnering with local nonprofit organizations to pursue federal grants. These partnerships are described throughout the remainder of the report.

Adoptive support services contracts were impacted by steady declines in PSSF funding over the last several years. Over time, PSSF funding reductions have resulted in decreases in the availability of respite care and supportive clinical services under these contracts. Clinical services include therapy (family, individual) and in-home parent coaching. Despite reductions, the contractor strives to minimize waiting lists and provide consistent services throughout the County.

d. Political Jurisdictions

The County of San Diego is governed by the County Board of Supervisors and a Chief Administrative Officer (See Appendix A). Each Supervisor is responsible for their assigned regional designated area.

The County works with a large number of city jurisdictions and tribal governments. Eighteen federally recognized Native American tribes work collaboratively with County departments to address jurisdictional issues. There are 19 City jurisdictions within the region: Carlsbad, Chula Vista, Coronado, Del Mar, El Cajon, Encinitas, Escondido, Imperial Beach, La Mesa, Lemon Grove, National City, Oceanside, Poway, San Diego, San Marcos, Santee, Solana Beach, Vista and the Unincorporated Areas. Each of the six HHSA regions works with these City jurisdictions to leverage funding and coordinate services for children and families.

There are 24 Elementary School Districts, six High School Districts and 12 Unified School Districts in San Diego County. The San Diego County Superintendent of Schools supports and partners with all of the school districts within the County. One way this is accomplished is through Foster Youth Services (FYS). FYS is funded by a grant from the California Department of Education. FYS represents a partnership among San Diego County's key stakeholders focused on improving the educational outcomes of wards and dependents, ages 4 to 21, residing in licensed children's institutions, foster family agency and county foster homes. The Foster Youth Services Advisory Committee (FYSAC) partners with the Commission on Children, Youth and Families Education Committee to represent school districts, community colleges, child welfare services, probation, juvenile court, advocacy agencies, and substitute care providers. These agencies work in close partnership with FYS to strengthen and enhance services to students in foster care.

CWS and Probation Liaison with ten law enforcement jurisdictions include numerous sub-stations. CWS has two collaborative programs with law enforcement where CWS staff is co-located at the San Diego Police Department. One is Drug Endangered Children (DEC). When law enforcement goes out to arrest parents on drug related charges, the DEC social worker is on hand to care for the children and take them into protective custody. The second collaborative effort is a general law enforcement liaison social worker. This social worker assists to link law enforcement's child abuse detectives with CWS social workers. The liaison also serves as and provides an efficient and timely information sharing conduit between the two agencies. The liaison researches and provides additional information that both agencies need to proceed in their independent investigations. Additionally, the liaison helps to educate each entity on their unique roles and help explain and mitigate challenges.

D. Peer Quality Case Review (PQCR) Summary

The Peer Quality Case Review (PQCR) is a qualitative examination of the County's Child Welfare Services and Probation practices. The PQCR is driven by the idea that social workers and probation officers have valuable insights on how the system works and how to affect change in the outcomes for youth and families. The PQCR provides a focused examination of a selected area of practice to better understand the child welfare system and youth placed in out-of-home care in the probation system.

The San Diego 2011 PQCR was conducted the week of May 9 - 13, 2011 and was a collaborative effort between the County's Child Welfare Services and Probation's Juvenile Field Services Department. Peer reviewers represented six counties: Alameda, San Francisco, Orange, Santa Clara, Los Angeles and Kern. In addition to out-of-county reviewers, in-county reviewers included CWS staff and community partners from Casey Family Programs and the YMCA's Kinship Navigators.

After reviewing data trends for the last six years, both Child Welfare and Probation staff selected measure 4B: Least Restrictive Point-in-Time: Relative Placement as their focus area for the 2011 PQCR. Both wanted to increase the number of children safely placed in relative or kinship homes, and Non-Related Extended Family Member (NREFM) homes. The PQCR looked at the relative placement approval process and the relative placement experience; how youth, caregivers and social workers/probation officers experience successes or challenges.

A literature review was completed as part of the information gathering for this PQCR. Various studies have found that children placed in kinship care fare better than children placed in foster care. One study in California (Chamberlain et al., 2006)^{xviii} found that non-kin placements were more likely to be disrupted than kinship placements, even when problem behaviors were exhibited in kinship placements. Another study reports the benefits for vulnerable children who can be raised by willing and able kin (Conway & Hutson, 2007)^{xix}. These benefits include fewer placement changes; an increased likelihood of living with their siblings; a lessened likelihood of changing schools; more positive perceptions of their placements with fewer behavioral problems; decreased likelihood of trying to leave or run away; and an increased likelihood of reporting they "always felt loved." In addition, in terms of scores in physical, cognitive, emotional, and skill-based domains, children in kinship care have scores more like those of children who are able to remain at home following a child abuse and neglect investigation than do children in foster or group care. The study also reports that connections with kin also can be a strategy for reducing racial disproportionality within the foster care and larger child welfare system.

A study by James, Landsverk, Slymen, & San Diego State (2004)^{xx} found that those children who stabilized early were more often placed in kinship care. These children also experienced fewer placement moves, fewer stays in residential care settings, fewer AWOL incidences, and had the lowest level of behavior problems. A longitudinal review of 5,557 cases found that children in kinship care, regardless of age, had fewer placement moves than those in non-kinship care and kinship placements had a 70.0% lower rate of disruption than non-kin placements (Webster, Barth, & Needell, 2000)^{xxi}.

Additional themes that emerged from the literature review include:

- The amount time before a child is placed with relatives or has a stable placement does matter
- Baseline behavior problems influence outcomes
- Children tend not to get the mental health, developmental services, educational assistance that they need once in care.
- Caregivers have low levels of education
- Caregivers have low levels of income – one in five is below the poverty level
- There is evidence of punitive behavior by caregivers in 30.0% of cases
- There is an increase of placement stability when children are placed with kin
- There are lower incidents of child abuse reports when children are placed with kin
- Children report a preference for kinship placements
- Children coming into care tend to have cognitive and developmental delays and are behind educationally. Placements in homes where caregivers have low levels of education and struggle with poverty do not bode well for the children's future wellbeing.
- More support services are needed for kinship care.

To augment the information gathered from the PQCR interview process, YMCA Kinship Navigator's was contracted to conduct five focus groups with relative/NREFM caregivers and one focus group with youth.

The overall findings from the PQCR were:

- Relative caregivers need more training in general and specifically regarding care for traumatized youth
- Probation case managers need training to understand the relative home approval process that the relative placement workers actively engage in
- Relative caregivers need transportation assistance
- Relative caregivers need financial support in terms of the costs of caring for the children as well as an emergency fund to purchase necessary items such as beds, car seats, etc.
- Relative caregivers need childcare support

Community Voice

"I would like to see legislation pass that kinship caregivers are equal to foster care."

- Focus group participant

San Diego County Child Welfare and Probation are utilizing the PQCR findings to inform the upcoming SIP (System Improvement Plan).

E. Outcomes

County Data Reports

The following measures serve as the basis for the County's Self-Assessment and are used to track the County's performance over time. These data come from the California Department of Social Services quarterly reports available at www.childsworld.ca.gov/PG1396.htm, which are extracted from the Child Welfare Services/Case Management System (CWS/CMS). Data are further supplemented by the UC Berkeley Center for Social Services Research Dynamic Reporting System at <http://cssr.berkeley.edu/cwscmsreports>.

Counties are responsible for entering data into CWS/CMS as part of the process to manage the caseloads of children and families who receive child welfare services. The data are grouped into three general categories:

- Safety
- Permanency and Stability, including the process measure of Adult Transitioning
- Well-Being

The following section provides analysis of the latest available data (2010) that includes a race/ethnicity and age comparison. Trend tables for available outcome data for years 2007 through 2010 are included in Appendix N. In addition, stakeholder input was included at the end of the sections when applicable.

1. Safety

a. Children are, first and foremost, protected from abuse and neglect

i. No Recurrence of Maltreatment (S1.1)

Trend Comparison^{xvi}. In 2010, San Diego County's performance (93.4%) was below the Federal Standard (94.6%); however, it was above the statewide performance (92.9%). Since the previous CSA, San Diego County increased the percentage of children for whom there was no additional substantiated maltreatment allegations during the subsequent six month period by 1.1%.

Race/Ethnicity^{xv}. No Recurrence of Maltreatment has improved among Black and Hispanic children since the last CSA. White children had the biggest drop of 2.5% (from 93.0% to 90.5%); replacing Black children as the group with the lowest rate.

In 2010, Native American children had the highest percentage of no recurrence at 97.1 % (although data should be interpreted with caution due to small numbers); followed by Hispanic children at 94.8%; Asian/Pacific Islander children at 93.9%; and Black children at 93.5%.

CWS Management Perspectives

After a thorough review of current measures, CWS management ranked the following four measures as needing the most attention:

1. Placement stability (8 days-12 mo) [C4.1]
2. Timely social worker visits with child (month 1) [2C]
3. Reunification within 12 months (entry cohort) [C1.3]
4. Siblings (all) [4A]

* brackets indicate measure number

Age^{xv}. No Recurrence of Maltreatment has improved among all age groups. Children ages 10 to 14 had the biggest increase at 2.4% (92.8% to 95.2%), giving them the highest percentage; followed by 15 and older at 93.9%; ages 5 to 9 at 93.3%; and ages 0 to 4 at 92.5%.

ii. No Maltreatment in Foster Care (S2.1)

Trend Comparison^{xvi}. Overall, in San Diego County, the percentage of children who were **not** victims of substantiated maltreatment by a foster parent or facility staff increased slightly from the previous CSA (99.6%) to 99.77% in 2010. In 2010, San Diego County's performance was above the Federal Standard (99.68%) and the statewide performance (99.56%).

Race/Ethnicity^{xv}. For Native American children, there was no difference in the percentage who were not victims of substantiated maltreatment by foster parent or facility staff maintaining 100.0% over time (numbers are small thus data should be interpreted with caution). In 2010, Asian/Pacific Islander children were also at 100.0% followed by Black children at 99.92%; followed by White children at 99.73%; Hispanic children at 99.71% and Asian children at 99.3%.

Age^{xv}. There is little difference between the age groups. In 2010, rates ranged from 99.7% for 5 to 9 year olds to 99.9% for those age 15 and older.

b. Children are safely maintained in their homes wherever possible and appropriate

i. Process Measures

a) Percent of Child Abuse/Neglect Referrals with a Timely Response (2B)

Trend Comparison^{xvi}. Overall, in San Diego County, the percentage of child abuse/neglect referrals requiring an immediate response that had a timely response increased by 2.6% from Q4 2007 (94.5%) to Q4 2010 (97.1%). In Q4 2010, San Diego County's performance was slightly below the statewide percentage of 97.4%; however San Diego is consistently above the 90.0% compliance rate.

Overall, in San Diego County, the percentage of child abuse/neglect referrals requiring a 10-day response that had a timely response increased 3.1% from Q4 2007 (90.0%) to Q4 2010 (93.1%). In Q4 2010, San Diego County's performance was above the statewide percentage of 92.7%.

Analysis of the data based on race/ethnicity and gender could not be completed, as no demographic breakdown data are available at this time.

b) Timely Social Worker Visits with Child (2C)

Overall, in San Diego County, the percentage of children that received a timely social worker visit increased by an impressive 8.1% from Q4 2007 (85.0%) to Q4 2010* (93.2%^{xvi}). In Q4 2010, San Diego County's performance was above the statewide percentage of 92.5%.

**Please note that the Q4 2010 results were derived using performance from October, November, and December 2010. In October 2010, 93.9% of children received a timely social worker visit; in November 2010, 93.4% of children received a timely social worker visit; and in December 2010, 92.2% of children received a timely social worker visit.*

Race/Ethnicity^{xv}. Social Worker visits with children of all races/ethnicities have improved substantially since the last CSA. Visits with Native American children improved the most with an increase of 14.4% (74.3% to 88.7%) (numbers are small thus data should be interpreted with caution). Visits with Black children had the highest percentage with 95.6%; followed by Asian/ Pacific Islander children with 93.7%; then followed by White children with 94.2%; Hispanic children with 91.9%; and Native American children with 88.7%. There are two factors to consider when analyzing the percentages for Native American children. One barrier to monthly contacts is geographical/rural locations. Many tribal youth are placed with extended family on the reservation and the reservations are on the remote edges of the County. Additionally, the Native American population is small, so any slight variation can result in large percentage changes.

Age^{xv}. Youth ages 15 and over had the highest percentage of social worker visits with 94.3%; followed by 10 to 14 year olds with 94.1%; followed by 5 to 9 years; and 0 to 4 year olds with 92.1%.

2. Permanency

a. Children have permanency and stability in their living situations without increasing reentry to foster care

i. Permanency Composite 1:

a) Measure 1-Reunification within 12 Months (exit cohort) (C1.1)

Trend Comparison^{xvi}. The percentage of CWS children who reunified within 12 months has increased by 6.1%, from 51.2% in 2007 to 57.3% in 2010. This is below the Federal Standard (75.2%) as well as statewide performance (64.7%).

Race and Ethnicity^{xv}. In 2010, White children had the highest rate of reunification at 66.8%. Asian/ Pacific Islander children had the next highest rate (64.1%); followed by Hispanic children (53.8%); Black children (50.5%); and Native American children with the lowest rate at 33.3% (although numbers are small and should be interpreted with caution). Although the rate for Black children was lower than that for white children in 2010; it was actually higher in the three preceding years.

Age^{xv}. As the age group increased, the percentage of reunifications that occurred within 12 months decreased. In 2010, 66.0% of children ages 0 to 4 reunified within 12 months of removal; while

reunification within 12 months was at 54.5% for children 5 to 9; 50.5% for children 10 to 14; and 33.7% for youth 15 and over.

Reunification within 12 months has been trending in a positive direction. This may be due to the SIP strategies that were implemented with our last SIP. These strategies include engaging families earlier in the case planning process through front-end TDMs and other early engagement strategies; improvement in the engagement of fathers in the reunification process; and more consistent and thorough assessments of the quality of parent-child relationships and the use of this information to target appropriate interventions. The Parent Partner program, partially funded by CAPIT/CBCAP/PSSF is an additional engagement strategy which impacts this outcome. These strategies are likely the reason for the decrease in median time to reunification (C1.2) and the improvement in the entry cohort reunification measure (C1.3). Reunification has been an intensive focus of our SIP for the last six years.

b) Measure 2- Median Time to Reunification (exit cohort) (C1.2)

Trend Comparison^{xvi}. The median time to reunification has decreased from 11.6 months at the last CSA to the current median of 10.2 months. San Diego County's median time to reunification is higher than the Federal Standard (5.4 months) and the statewide average (8.5 months).

Race /Ethnicity^{xv}. The time to reunification decreased for Asian/ Pacific Islander children (to 8 months, a decrease of 4.3 months); White children (to 8.5 months, a decrease of 2.7 months); and Hispanic children (to 11.1 months, a decrease of 1.5 months). Black children increased by 2.1 months, to 12 months. Native American children increased by 9.2 months, to 17.1 (however data should be interpreted with caution due to small numbers).

Age^{xv}. Children 0 to 4 years had the lowest time to reunification. In 2010, the median was 8.9 months. The 15 and older age group had the highest median time to reunification at 16.8 months (a decrease of 1.5 months from the last CSA).

CWS Management Perspectives

Available and working well

- The early engagement of Parent Partners with a family in reunification

Needed services to support reunification

- Fewer Social Workers over the life of a case

c) Measure 3- Reunification within 12 Months (entry cohort) (C1.3)

Trend Comparison^{xvi}. Overall, in San Diego County, the percentage of reunifications within 12 months of removal for children first entering foster care has increased by 5.4% from 2006 (35.0%) to 2009 (40.4%). For children entering care in 2009, San Diego County's performance was below the Federal Standard (48.4%) and statewide performance (44.6%). San Diego has implemented several family engagement strategies that may impact the current and future trends in this outcome.

Some of these strategies include the implementation of TDM (2006) and Signs of Safety tools (2010). These strategies have been funded in part with Child Welfare Services Outcomes Improvement Project (CWSOIP) monies.

Race/ Ethnicity^{xv}. In 2009, White children had the highest reunification rate for first entries with 46.6%, followed closely by Asian/ Pacific Islander children with 44.0%. Hispanic (38.0%) and Native American (37.5%) children had the next highest reunification rate. Black children had the lowest rate at 35.8%.

Age^{xv}. In 2009, reunification rates for first entries were highest for 5 to 9 year olds at 42.3%, followed by 0 to 4 year olds at 41.0%, 10 to 14 year olds at 37.3% and 15+ at 27.3%.

d) Measure 4- No Reentry Following Reunification (C1.4)

Trend Comparison^{xvi}. Overall, in San Diego County, the percentage of children that *did not* reenter foster care within 12 months of reunification has decreased by 1.3% from 2006 (90.8%) to 2009 (89.5%). In 2009, San Diego County was lower than the Federal Standard (90.1%), but exceeded statewide performance (88.0%).

Race /Ethnicity^{xv}. There was an increase among Hispanic and Native American children in the percentage that did not reenter over time; 2.0% and 5.0% respectively. In 2009, Asian and Native American children had higher no-reentry rates than other race/ethnic groups, 93.4% and 94.7%, respectively. Asian/Pacific Islander, Black and White children had lower no-reentry rates than other race/ethnic groups, 88.1% and 88.6%, respectively.

Age^{xv}. Children in the 5 to 9 age group had the highest no-reentry rate with 92.9%, followed closely by the 10 to 14 age group with 92.5%; both were better than the Federal standard and State performance. The 15 and older age group had a rate of 89.2%. The 0 to 4 age group had the lowest no-reentry rate with 86.3%.

ii. Permanency Composite 2:

a) Measure 1- Adoption within 24 Months (exit cohort) (C2.1)

Trend Comparison^{xvi}. Since the last CSA, the percentage of adoptions that were finalized within 24 months of removal has increased 8.5 percentage points, from 17.4% in 2007 to 25.9% in 2010. In 2010, San Diego County was performing below the Federal Standard (36.6%) and below the statewide performance (32.9%).

Stakeholder Findings*

Services in place that support reunification

- Best practices underway in the county (trauma informed care, Signs of Safety)
- Team Decision Making and models of collaboration
- Family visitations

Service gaps to reunification

- Parent-child therapy approaches
- Family visitation
- Collaboration across systems
- Training for social workers

**For more details regarding the stakeholder findings, please refer to Appendix I.*

Race/ Ethnicity^{xv}. In 2010, Black children had the highest percentage of adoptions within 24 months at 32.5% followed by White children at 29.9% and Hispanic children at 22.2%. Asian/Pacific Islander and Native American children had the lowest percentage, 20.0% and 0.0% respectively.

Age^{xv}. As in previous years, children ages 0 to 4 continue to have the highest rates of adoption within 24 months with 41.7%, an increase of 12.2% from 2007 (29.5%). In 2010, the 15+ age group had the lowest percentage (0.0%) of adoptions within 24 months. The rate for children ages 5 to 9 was 11.8% and for 10 to 14 was 7.7%.

Adoptions within 24 Months have increased since the last CSA. This may be due to the SIP strategies that were implemented with our last SIP. These strategies include decreasing the time for completion of “in home” adoption home studies; improvement in applicant worker caseload management; increased involvement of family, regional CWS staff, tribes (ICWA cases) and juvenile court staff in the concurrent planning process; implementation of 6 and 12 month permanency case reviews; and taking a proactive approach in identifying concurrent planning cases. One important change implemented is the “Melding” strategy described elsewhere in this report. As a result of CWSOIP funds, San Diego was able to obtain needed expert consultation and training in order to implement this trend setting strategy. These strategies are likely the reason for the improvement of adoption outcome measures.

b) Measure 2- Median Time to Adoption (exit cohort) (C2.2)

Trend Comparison^{xvi}. The median time to adoption decreased slightly from 2007 (36.1 months) to 2010 (34.0 months). In 2010, San Diego County had a higher median time to adoption than the Federal Standard (27.3 months) and the statewide average (30.4 months).

Race/ Ethnicity^{xv}. Time to adoption decreased for all race/ethnic groups from the last CSA. In 2010 White children had lowest median time to adoption at 29.1 months. The highest rate was 35.9 months for Hispanic children (excluding Native American and Asian/ Pacific Islander children who had low numbers).

Age^{xv}. Since the last CSA in 2008, all age groups except under 1 and 15+ experienced decreases. In 2007, children under age 1 had the lowest median time to adoption (9.5 months), followed by ages 1 to 2 (22.4 months), ages 3 to 4 (36.1 months), ages 5 to 9 (40 months), ages 10 to 14 (45.7 months) and age 15+ (81.2 months).

c) Measure 3- Adoption within 12 Months (17 months in care) (C2.3)

Trend Comparison^{xvi}. In San Diego County, the percentage of adoptions of children in continuous care for at least 17 months and subsequently adopted within 12 months has increased by 2.4% from the last CSA (23.1%) to 2010 (25.5%). In 2010, San Diego County’s performance (25.5%) exceeds the Federal Standard (22.7%) and the statewide performance (18.3%).

Race/ Ethnicity^{xv}. In 2010, adoptions of Hispanic and White children, in care 17 months or more exceeded the Federal Standard (22.7%) at 28.9% and 25.5% respectively.

Rates for all ethnic groups exceeded the State performance, except Asian/ Pacific Islander and Native American children whereby the number of adoptions may be too small for interpretation.

Age^{xv}. In 2010, the 0 to 4 age group had the highest percentage of adoptions for children in continuous care for 17 months or more and subsequently adopted within 12 months with 58.9%, followed by the 5 to 9 age group with 42.9%, the 10 to 14 age group with 15.1% and the 15 and older age group with 2.9%.

d) Measure 4- Legally Free within six Months (17 months in care) (C2.4)

Trend Comparison^{xvi}. In San Diego County, the percentage of children who were in foster care for 17 months or more at the beginning of the period, and then became legally free for adoption within six months remained the same 8.2%. In 2010 San Diego County's performance (8.2%) is below the Federal Standard (10.9%) and exceeds statewide performance (6.6%).

Race/ Ethnicity^{xv}. In 2010, White children had the highest percentage who became legally free for adoption at 12.2%, followed by Hispanic children at 8.8%, and Black children at 5.5%. Asian/Pacific Islander and Native American children had the lowest percentage, 3.3% and 0.0% respectively

Age^{xv}. In 2010, the 0 to 4 age group had the highest percentage of children in care 17 months or more who became legally free for adoption at 48.9%, an increase of 5.8% from 2007. The 5 to 9 age group had the next highest rate in 2010 at 19.2%.

e) Measure 5- Adoption within 12 Months (legally free) (C2.5)

Trend Comparison^{xvi}. San Diego County had an increase of 14.4% in the percentage of children discharged from foster care to adoption within 12 months of being legally free from 31.1% during the last CSA to 45.5% in 2009. San Diego County's 2009 performance was below the Federal Standard (53.7%) and the statewide performance (64.3%).

Race/ Ethnicity^{xv}. In 2009, White children represented the group with highest percentage who were discharged from foster care to adoption within 12 months of becoming legally free at 56.7%. The rate for Black children was 47.7%, followed by Hispanic children at 41.6%, Asian/ Pacific Islander children at 31.3% and Native American children at 20.0%.

Age^{xv}. In 2009, the 15 and over age group had the highest percentage of children discharged to adoption at 50.0% followed closely by the 0 to 4 age group at 49.7%; then the 5 to 9 age group at 39.6% and the 10 to 14 age group at 32.0%.

iii. Permanency Composite 3

a) Measure 1- Exits to Permanency (24 months in care) (C3.1)

Overall, San Diego County has slightly increased the percentage of children in foster care 24 months or longer at the beginning of the year who were then discharged to permanent homes by the end of the year since the last CSA (26.8%) to 2010 (29.0%). In 2010, San Diego County's performance (29.0%) is just below the Federal Standard (29.1%) and exceeds the statewide performance (22.9%).

Race/ Ethnicity^{xv}. In 2010, Hispanics exceeded the State and Federal Standard with 32.9%, which represented a 2.5% increase since the last CSA. The 2010 rate for White children was 28.0%, followed by Asian/ Pacific Islander children at 23.8%, Black children at 23.6%, and Native American children at 17.2%. All ethnic groups exceeded the State performance except Native Americans (results should be interpreted with caution due to small numbers).

Age^{xv}. Since the last CSA, all age groups experienced increases in the percentage of exits to permanency, with the 5 to 9 age group having the biggest increase at 10.6% (from 39.2% to 49.8%). In 2010, the 0 to 4 age group had 67.8% of children in care 24 months or more discharged to permanent homes, followed by 5 to 9 year olds at 49.8%, 10 to 14 year olds at 23.0% and 15+ at 9.6%.

b) Measure 2- Exits to Permanency (legally free at exit) (C3.2)

Trend Comparison^{xvi}. Overall, San Diego County has experienced a slight increase in the percentage of legally free children who were discharged to a permanent home prior to turning 18 since the last CSA, going from 96.9% in 2007 to 97.2% in 2010. In 2010, San Diego County's performance (97.2%) was slightly below the Federal Standard (98.0%) and higher than the statewide performance (96.5%).

Race/ Ethnicity^{xv}. Hispanic children had a rate of 97.9%, followed closely by White children at 97.5%. Black children had a rate of 95.9%. Asian/ Pacific Islander children and Native American children had a rate of 100.0% and 83.3%, respectively (results should be interpreted with caution due to small numbers).

Age^{xv}. Between the last CSA in 2008 and 2010 there was very little difference in the percentage of exits to permanency of legally free children by age group, except in the 15 and older age group. For the 15 and older age group, there was a 6.9% increase, 56.3% to 63.2% (results should be interpreted with caution due to small numbers).

c) Measure 3- In Care Three Years or Longer (emancipation/age 18) (C3.3)

Trend Comparison^{xvi}. Overall, San Diego County has decreased the percentage of children who emancipated or turned 18 and had been in foster care three years or longer by 1.0%, from 69.8% at the last CSA to 68.8% in 2010. In 2010, San Diego County's performance (68.8%) was below the Federal Standard (37.5%) and the statewide performance (59.0%).

Race/ Ethnicity^{xv}. From the last CSA to 2010, the percentage of children who emancipated or turned 18 and had been in care three years or longer decreased by 7.3% for Asian/Pacific Islander children and by 6.5% for Hispanic children. In 2010, the rate for Native American children was 83.3%, for White children 75.5%, for Black children 74.1%, for Asian/ Pacific Islander children 72.7% and for Hispanic children 60.2%.

Age^{xv}. Most children represented in the data for this performance measure are in the 15 and older age group. The 15 and older age group stayed relatively the same from the last CSA (69.8%) to 2010 (69.1%).

iv. *Permanency Composite 4*

a) *Measure 1- Placement Stability (8 days to 12 months in care) (C4.1)*

Trend Comparison^{xvi}. San Diego County has increased the percentage of children who were in care less than 12 months with two or fewer placements by 3.7% from the last CSA (75.8%) to 2010 (79.5%). The use of the 23-hour assessment center allows for assessing a child's needs without needing to admit them to shelter care. In 2010, San Diego County's performance (79.5%) was below the Federal Standard (86.0%) and the statewide performance (84.0%).

Race/ Ethnicity^{xv}. Almost all races/ethnicities experienced improvement since the last CSA. In 2010 Native American children had the highest percentage with two or fewer placements at 90.9%, an increase of 22.6% (however, results should be interpreted with caution due to small numbers). White children were at 84.4%; an increase of 7.2%.

Asian/Pacific Islander children were at 79.5%, an increase of 1.5%. Hispanic children were at 77.1%; a decrease of 0.04%. Black children had the lowest percentage with two or fewer placements at 75.2%; however this was an increase of 5.5% from the last CSA.

Age^{xv}. The percentage of children with two or fewer placements increased among all age groups. In 2010, the 0 to 4 age group had the highest percentage of children who had two or fewer placements at 80.9%, followed by the 5 to 9 age group at 79.5% and the 15 and older age group at 78.0%. The 10 to 14 age group had the lowest percentage at 74.2%.

Placement stability has been trending in a positive direction. This may be due to the strategies that were implemented with our last SIP. These strategies include increased stability of relative placements by improvement in access to support services for relative caregivers and development of additional support services and training opportunities for relative caregivers where needed.

Strategies to increase stability of foster home placements include improvements in matching of child's needs with the foster home and development of a variety of training and support modalities for foster parents. For the past three years, the County has sponsored the "Putting the Child First" conference for relative and foster caregivers. These have been funded with CWSOIP funds and seek to improve the relationships between caregivers and social workers. Evaluation and Improvement of our regional structure to support relative placements and foster home placements is another SIP strategy. These strategies are likely the reason for the increase in placement stability for children in care at least 12 months but less than 24 months (C4.2). Because the SIP strategies began in 2009, they've had no impact on children in care 24 months or more (C4.3), and performance on this measure has decreased.

Stakeholder Findings

Services in place that support placement stability

- Support groups, navigators, and mentors

Service gaps to placement stability

- Financial assistance and basic needs
- In home support, wraparound
- Respite and childcare
- Relative caregiver trainings

b) Measure 2- Placement Stability (12 to 24 months in care) (C4.2)

Trend Comparison^{xvi}. San Diego County has increased the percentage of children with two or fewer placements in care for at least 12 months but less than 24 months by 5.5% from the last CSA (52.3%) to 2010 (57.8%). In 2010, San Diego County's performance (57.8%) was below the Federal Standard (65.4%) and the statewide performance (63.2%).

Race/ Ethnicity^{xv}. All race/ethnic groups increased the percentage of children with two or fewer placements between 12 and 14 months with the exception of Native American children, who had a 21.9% decrease (from 75.0% to 53.1%), however these results should be interpreted with caution due to small numbers. Asian/Pacific Islander children had the highest percentage with two or fewer placements between 12 and 24 months at 58.2%, an increase of 9.8%. Hispanic children were at 58.0%, and increase of 5.4%. Black and White children were at 57.9% and 52.6%, respectively.

Age^{xv}. All age groups increased the percentage of children with two or fewer placements. In 2010, the 0 to 4 age group had the highest percentage at 64.6% representing an increase of 4.9% since the last CSA; followed by the 5 to 9 age group at 58.6%; and the 10 to 14 age group at 44.1%. The 15 and older age group had the lowest percentage at 37.4%, and increase of 1.8% from the last CSA.

CWS Management Perspectives

Available and working well:

- Having a strong placement unit to provide on-going support to the caregivers and the Social Workers.
- Signs of Safety concepts including mapping

Services needed:

- Increased knowledge of resources, quality of foster parents, etc. when

c) Measure 3- Placement Stability (at least 24 months in care) (C4.3)

Trend Comparison^{xvi}. San Diego County had a decrease in the percent of children with two or fewer placements in care for more than 24 months by 4.0% from the last CSA (27.2%) to 2010 (23.2%). In 2010, San Diego County's performance (23.2%) was below the Federal Standard (41.8%) and the statewide performance (32.5%).

Race/ Ethnicity^{xv}. In 2010, Native American and White children had the lowest percentages with two or fewer placements in care for more than 24 months, 19.6% and 18.7% respectively. Since the last CSA, Asian/Pacific Islander and Black children experienced the largest decrease, 11.5% and 5.2% respectively.

Age^{xv}. All age groups experienced a decrease in the percentage of children with two or fewer placements since the last CSA. The 0 to 4 age group had the highest percentage at 43.4% but also had the biggest decrease at 6.2%. The 5 to 9 age group had a percentage of 25.7%, a decrease of 3.1. The 10 to 14 and 15 and older age groups had the lowest percentage in 2010 at 19.2% and 12.3%, respectively.

Social workers, relatives and youth were interviewed during the PQCR process earlier this year. Financial issues were identified as barriers and challenges to ensuring placement stability. The feeling was that relatives are not consistently paid from the date of placement. These delays can be a result

of delays in the background check, the placement assessment or processing ICPCs. The amount of payments to caregivers was also an issue. The belief was that caregivers do not consistently receive the same rates as foster parents and that it takes too long to get payment, in some cases up to six to eight months. Community resources such as YMCA Kinship Navigator, Comprehensive Assessment and Stabilization Service (CASS), Casey Family Programs, childcare and respite care were said to be helpful programs that support relative caregivers and stabilize placements.

v. Process Measures:

a) Timely Probation Officer Visits with Child (2C)

Data is not yet available for this measure

b) Children Transitioning to Self-Sufficient Adulthood (8A)

Data on this measure were not available during the previous CSA, but are available for CY2009 and CY2010. The 8A measures are collected by social workers on a new form, the SOC405e. When considering the results of the data, it should be kept in mind that this is a relatively new process and reliability of the data is dependent on the social worker completing all fields and submitting the form. In San Diego County in CY2009^{xv}, 59.5% of youth whose whereabouts were known during the report period completed high school or equivalency; 28.7% obtained employment; 96.4% had housing arrangements; 96.9% completed ILP services; and 96.4% had a permanency connection.

Community Voice

"I always wonder about what happens when you age out and there is no one there for you."

- Youth focus group participant

San Diego County's performance on all measures except percent that obtained employment was better than the statewide performance. Statewide in CY2009, 57.6% of youth whose whereabouts were known during the report period completed high school or equivalency; 34.4% obtained employment; 89.2% had housing arrangements; 87.1% completed ILP services; and 89.3% had a permanency connection.

In San Diego County in CY2010^{xv}, each of these measures improved, 60.6% completed high school or equivalency; 29.2% obtained employment; 98.1% had housing arrangements; 97.2% completed ILP services; and 96.3% had a permanency connection. San Diego County's performance on all measures was better than the statewide performance during this period as well. Statewide in CY2010, 57.5% of youth whose whereabouts were known during the report period completed high school or equivalency; 28.7% obtained employment; 91.8% had housing arrangements; 86.9% completed ILP services; and 91.4% had a permanency connection.

In the County of San Diego Operational Plan, CWS has long reported a local measure of high school completion with a very different methodology from that of the new state 8A measure. The local measure identifies all dependent children that begin the school year with enough credits to be in the 12th grade and then determines how many of those students graduate at the end of the school year.

The graduation rate in June 2011 using this method was 80.0%. The differences in the local and state rates can be explained by several methodological differences. One of the main differences is that the local measure only includes youth who are still in the system at the end of the school year, while the state measure counts all exiting youth each quarter.

The County also conducted a special cohort study on graduation rates for the School Success grant (described in Section 7, Agency Collaborations) funded by the Stuart Foundation and Qualcomm. The County followed all dependent youth who were in 10th grade in the fall of 2008 to see whether those that remained dependents graduated two years later. The County found that of the 154 youth who were still dependents in June of 2011, 80.5% had graduated or were still in school and 19.5% had dropped out of school.

**Please note that the CY2009 and CY2010 results were derived by combining performance from all four quarters of the calendar year because it is not reliable to look at just one quarter of data because of the small quarterly numbers.*

Age and race/ethnicity data are not available for this measure.

b. The continuity of family relationships and connections is preserved for children

i. Process Measures

a) Siblings Placed Together in Foster Care (4A)

Trend Analysis^{xvi}. San Diego County had a 6.6% increase in the percentage of children placed with all or some of their siblings between the last CSA (65.1%) and 2011 (71.7%).

In 2011, San Diego County's performance (71.7%) was slightly below the overall statewide percentage (73.3%) of children in care and placed with all or some of their siblings.

Race/ Ethnicity^{xv}. In 2011, Hispanic children had the highest percentage placed with all or some of their siblings at 76.3%; an increase of 7.2% from the last CSA. Next were Asian/Pacific Islander children at 69.6%, White children at 68.4%, Native American children at 65.9%, and Black children at 65.0%.

b) Foster Care Placement in Least Restrictive Settings Least Restrictive Entries (First Placement) and (Point in Time Placement) (4B)

First Entry Placement Types^{xvi}. Foster home placements have decreased 14.3% between the last CSA (48.3%) and 2010 (34.0%). Group home/shelter placements have had the biggest increase (8.3%), going from 35.3% to 43.6%. Relative/Kin first placements have increased by 4.4% (from 9.8% to 14.2%).

Point-In-Time (PIT) Placements^{xvi}. On January 1, 2011, the percentage of children in foster home placements (9.8%) and

Community Voice

"Can we have temporary homes on the reservation to keep children who are removed from leaving the community?"

- Focus group participant

shelters (0.2%) remained relatively unchanged from the last CSA period, January 1, 2008.

The percentage of children in foster family agency (FFA) homes increased from 25.9% to 29.0%. Relative/Kin placements decreased slightly from 35.6% to 33.8% and Group home placements decreased from 7.4% of placements to 6.7%.

Race/Ethnicity – Point-In-Time Placements^{xv}. On January 1, 2011 White children had a higher level of relative/kin placements (35.8%) than the other ethnic groups. Hispanic children experienced the highest rate of foster home placements (26.1%). Asian/Pacific Islander children had the lowest rate of FFA placement (7.9%), however numbers are small and data should be interpreted with caution. Black children had the highest rate of group/shelter home placements on January 1, 2011 (19.6%).

Native American, Asian/Pacific Islander, Black and Hispanic children had a decrease in percentage of relative placements (19.6%, 5.4%, 3.0% and 2.3% respectively) since the last CSA. The same group also had a decrease in foster home placements (7.9%, 7.2%, 0.4% and 0.6% respectively).

All ethnic groups had an increase in FFA placements with Native American children having the greatest increase (16.2%), followed by Hispanic children, (3.2%) Black children, (3.0%) Asian/Pacific Islander children, (0.6%) and White children (0.5%) since the last CSA.

White and Hispanic children had a decrease in group/shelter placements (4.8% and 0.9% respectively) since the last CSA. Native American, Asian/Pacific Islander, and Black children had an increase in group/shelter placements (12.7%, 7.8%, and 3.2% respectively).

Age – Point-In-Time Placements^{xv}. On January 1, 2011, 3 to 5 year olds and 1 to 2 year olds had the highest relative placement rate (46.6% and 41.2%, respectively). Children less than 1 had the highest foster home placement rate (47.5%). Three to five year olds had the lowest FFA placement rate (7.4%). Children under 1 had the lowest group/shelter home placement (0.8%).

The 18 to 20, 1 to 2, 3 to 5, 6 to 10, 16 to 17 and 11 to 15 age groups all had decreases in relative placements since the last CSA (11.2%, 5.4%, 5.3%, 3.9%, 0.5%, 0.3% respectively). The less than 1 age group had an increase (4.7%) in relative placements.

The under 1, 11 to 15 and 6 to 10 age groups have had a decrease in foster home placements (11.7%, 1.8% and 0.5% respectively) since the last CSA. The 18 to 20, 16 to 17, 3 to 5 and 1 to 2 age groups had an increase in foster home placements (5.8%, 1.2%, 1.1% and 0.6% respectively).

The 6 to 10 age group had the biggest increase in FFA placements (5.3%) followed by the under 1 age group (4.1%), the 3 to 5 age group (3.5%), the 18 to 20 age group (3.0%), the 1 to 2 age group (2.2%), the 11 to 15 age group (1.8%), and the 16 to 17 age group (0.2%).

The 18 to 20 and 16 to 17 age groups had the biggest increases in group/shelter placements (10.3% and 4.3% respectively). The under 1, 1 to 2, 6 to 10, and 3 to 5 age groups had slight increases (0.5%, 0.5%, 0.4%, and 0.2% respectively). The 11 to 15 age group was the only age group to have a decrease in group/shelter placements (2.7%).

Many recommendations for improving this measure as it relates to relative placements came from social workers, relatives, and youth interviewed during the PQCR process. Some felt the home approval process needs to be streamlined to decrease wait time for an approval. Identification of any potential barriers to placement with more in-depth assessment questions was also identified as important. Family finding, including genograms and ecomaps, was a suggested strategy to increase location and identification of relatives for placement when a child first comes into protective custody. TDMs should occur *before* initial placements and *before* changes of placement. Relatives should receive preparation and assistance *immediately* and not several months after the children have been in their home.

c) Rate of ICWA Placement Preferences (4E)

Methodology. The Center for Social Services (CSSR) Child Welfare Dynamic report system changed the methodology of this report beginning with Q1, 2009. CSSR now uses a point in time count of children in care at the end of the quarter. In the past, all children served during the quarter were counted. This change results in a smaller number of children in the count, and some shift in proportions. Therefore, data from the last CSA will not be used to compare with current numbers, but data with the current methodology for December 31, 2007 will be used for comparison.

Trend Analysis^{xvi}. Relative home placements for ICWA-eligible children have seen a decrease of 20.3% from December 31, 2007 (50.4%) to December 31, 2010 (30.1%).

At the same time, non-relative non-Indian family placements have seen an increase (12.3%) from December 31, 2007 (14.6%) to December 31, 2010. Non-relative Indian family placements have seen a slight decrease (3.0%) going from 4.1% to 1.1%.

Age and race/ethnicity groups were not analyzed due to small numbers.

3. Well Being

a. Families have enhanced capacity to provide for their children's needs (PSSF)

b. Children receive services appropriate to their educational needs

i. Process Measure: Percent of children in care more than 30 days with a Health and Education Passport (5A-In development)

This measure is still in development and data are not yet available.

ii. Children in Foster Care who have ever had an Individualized Education Plan (IEP) (6B)

Trend Comparison^{xvi}. There has been a slight decrease (1.0%) in the percentage of children in foster care who have ever had an IEP from Q4 2007 (5.9%) to Q4 2010 (4.9%). San Diego's rate for Q4 2010 (4.9%) is lower than the statewide rate (8.1%).

Race/ Ethnicity^{xv}. In Q4 2010, Black children had the highest rate of children who have ever had an IEP (8.2%). White, Hispanic, and Native American children had the next highest rates (4.7%, 4.3% and 2.9%

respectively). No Asian/ Pacific Islander children in an open case, and in out-of-home care, had a history of an IEP.

Age^{xv}. Eighteen year olds had the highest rate at 14.0%, followed closely with 16 to 17 year olds at 13.2% and 11 to 15 year olds at 10.3%. The 6 to 10 and 3 to 5 year olds had the lowest rates at 2.7% and 0.3%, respectively.

c. Children receive services adequate to their physical, emotional and mental needs

i. Process Measures: Percent of children in care more than 30 days with a Health and Education Passport (5A)

This measure is still in development and data are not yet available.

ii. Receipt of Health Screenings: Percent children in care with CHDP, dental exams, psychotropic medications, and immunizations that comply with periodicity table (5B)

Trend Comparison – Health Exams^{xvi}. There has been a slight increase (0.7%) in the percentage of children that received a timely health exam from Q4 2007 (89.8%) to Q4 2010 (90.5%). San Diego County's performance for Q4 2010 (90.5%) is better than the statewide performance (87.7%).

Race/ Ethnicity – Health Exams^{xv}. In Q4 2010 all ethnic groups were about the same, ranging from 89.7% for Native American children, to 91.8% for White children.

Age – Health Exams^{xv}. Performance by age group had a greater variance. The 15 and older age group had the highest percentage (96.4%), followed by 10 to 14 year olds (94.5%), 5 to 9 year olds (92.3%) and 0 to 4 year olds (84.2%).

Trend Comparison – Dental Exams^{xvi}. The percent of children who received a timely dental exam has decreased (3.6%) from Q4 2007 (66.0%) to Q4 2010 (62.4%). San Diego County's performance for Q4 2010 (62.4%) is below the statewide performance (66.2%).

Race/ Ethnicity – Dental Exams^{xv}. White, Hispanic and Black children had the highest percentage with a timely dental exam (66.5%, 61.9% and 61.5% respectively). Asian Pacific Islander and Native American children had the lowest percentage (57.0% and 47.8% respectively).

Age – Dental Exams^{xv}. As the child's age decreases, so does the percentage with a timely dental exam. The 15 and over age groups had the highest percentage (67.1%), followed by the 10 to 14 age group (63.2%), the 5 to 9 age group (62.3) and the 0 to 4 age group (53.2%).

iii. Psychotropic Medications (5F)

Trend Comparison. There has been an increase (3.0%) in the percentage of children authorized for psychotropic medications in San Diego County from Q4 2007 (13.0%) to Q4 2010 (16.0%). San Diego County's rate for Q4 2010 (16.0%) is higher than the statewide rate (12.9%) although this may be impacted by missing data in other counties.

Race/ Ethnicity^{xv}. In Q4 2010, Native American children had the highest rate authorized for psychotropic medications (28.2%), although numbers are very small so they should be interpreted with caution. Black, White and Asian/Pacific Islander children had the next highest rates (21.6%, 16.1% and 15.0% respectively). Hispanic children had the lowest rate (13.0%).

Age^{xv}. The 15 and older and 10 to 14 age groups had the highest rates of children authorized for psychotropic medications (36.6 and 27.6% respectively), both increases from Q4 2007 (8.2% and 5.5% respectively). The 5 to 9 age group also showed an increase (6.1%) from 2007 (6.5%) to 2010 (12.6%). As one would expect, the 0 to 4 age group only had one child (0.1%) authorized for psychotropic medications.

4. Probation Outcome Reports: Permanency

a. Children have permanency and stability in their living situations without increasing reentry to foster care

i. Permanency Composite 1:

a) Measure 1-Reunification within 12 Months (exit cohort) (C1.1)

The percentage of Probation youth who reunified within 12 months from October 10, 2010 to September 30, 2011 is 80.0%. This exceeds the Federal Standard (75.2%).

b) Measure 2- Median Time to Reunification (exit cohort) (C1.2)

The median time to reunification for Probation youth was 3.1 months compared to the Federal Standard of 5.4 months. Probation exceeded this goal.

ii. Permanency Composite 4

a) Measure 1- Placement Stability (8 days to 12 months in care) (C4.1)

The placement stability composite shows that Probation youth remaining in care from eight days to 12 months was at 99.0% compared to the Federal Standard of 86.0%. Probation exceeded the national standard in this area as well.

b) Measure 2- Placement Stability (12 to 24 months in care) (C4.2)

The placement stability composite shows that Probation youth remaining in care from 12 to 24 months was at 96.6% compared to the Federal Standard of 65.4%. Probation exceeded the national standard in this area.

c) Measure 3- Placement Stability (at least 24 months in care) (C4.3)

The placement stability composite shows that Probation youth remaining in care at least 24 months was at 60.6% compared to the Federal Standard of 41.8%. Probation exceeded the national standard in this area.

d) The continuity of family relationships and connections is preserved for children

i. Process Measures

a. Least Restrictive placement (Point in time Placement: Relative)

Point-In-Time (PIT) Placements. As of October 1, 2011, the percentage of children in relative placements (point in time) was 16.8%. This exceeds the State standard of 3.8%, and shows an improvement from October 10, 2010, when the percentage was 12.6%.

E. Systemic Factors

Eight systems factors were reviewed for the CSA process: 1) Management Information Systems (MIS), 2) case review system, 3) foster/adoption parent licensing, 4) quality assurance system, 5) service array, 6) staff/provider training, 7) agency collaborations, and 8) local systemic factors. This section reviews each of these factors in turn.

1. Relevant Management Information System (MIS)

a. Child Welfare Services Technology Level

The hardware listed below facilitates the provision of services by social workers by simplifying access to resources and data entry.

- 720 Desktop computers;
- 535 Laptops that have the capability for secure wireless remote connectivity to the County's network and the CWS/CMS Application. The laptops are also used by CWS court officers to document court related activities that are then recorded into the CWS/CMS Application; These laptops are being replaced by tablets (completion date December 2011). The tablets provide the additional features of:
 - camera/video
 - dictation software
 - stylus writing capability on the tablet

The County's capacity to use the above-mentioned hardware is detailed below using the software listed below.

- *Business Objects*: (Nine licenses) Business Objects (BO) is an Administrative tool that allows queries to be run on data that is originated in the CWS/CMS Application. The data output can be used to generate trends, identify problem areas, areas needing improvement, and measures what the users are excelling in. Data reports are created from BO that promote ongoing monitoring of SIP strategies and program performance.
- *SafeMeasures*: This program has 983 users and allows social work line staff, supervisors and managers to see compliance measures countywide, within their Region and for their individual units of workers and caseloads. It is also used to provide staff with alerts to any children in proximity to major disasters or events. SafeMeasures is used from line workers to managers to monitor compliance and performance on outcomes. This information allows for workers to manage the priorities in their workload.
- CWS use of a Geographic Information System (GIS) consists of various GIS applications, hardware, software and personnel. HHSA GIS personnel have been using ESRI ArcGIS software to map child welfare services data on an ad hoc basis for program planning and service delivery. GIS data is provided to the Children's Initiative, a nonprofit child advocacy agency in San Diego, to incorporate into *The San Diego County Report Card on Children and Families*, which it produces biennially.

GIS is also used to produce maps for the Native American project with the California Disproportionality Project and the Fairness and Equity meetings.

Other software/applications used in the County are as follows:

- *Computer Based Training*: Statewide, online training is available in the STAR application at the State CWS/CMS website.
- *Training Region*: A State supported CWS/CMS computer system that is identical to the actual application that allows social workers to practice using the system before they are assigned actual cases.
- *Scenario Manager*: This is a practice training program that contains fictional names, referrals and cases and provides a realistic CWS/CMS training scenario.

For all above listed software/applications, real time access to training enhances the ability of staff to understand their job function and the tools they need to deliver their services.

CWS Intranet:

- *Program Guide*: An intranet based site that lists CWS policies and procedures for every aspect of Child Welfare Services.
- *Desk Guide*: An intranet based site that lists specific procedures for the use of the CWS/CMS application.
- *Resource Guide*: An intranet based site that provides information to assist staff with service delivery to clients.

For all listed programs on the intranet, real time access to policies and procedures enhance the ability of staff to understand their job function and the tools they need to deliver their services.

Microsoft Office Outlook:

- Outlook email, calendar, reminders, and contacts all assist users to streamline investigations, court responsibilities and service delivery. Real time access to calendars, email and reminders enhances the ability of staff to more efficiently carry out their duties.

Mandated Reporter Application (MRA):

- Web portal that allows mandated reporters to submit electronic child abuse follow up reports. The web portal enhances service delivery as it allows mandated reporters to submit their follow up report electronically and quickly.

Social Solutions Efforts To Outcomes (ETO):

- Web based ETO is used by our community partners, Community Services for Families (CSF), Independent Living Skills (ILS) and transitional housing providers to quickly and easily track efforts, outcomes, and participant progress. The use of this product enhances service delivery by allowing the contractors to meet data reporting timelines, in addition to case management required in their contracts.

Microsoft SharePoint:

- Microsoft SharePoint makes it easier for staff to work together, by allowing them the ability to set up Web sites to share information with others, manage documents from start to finish, and publish reports to help everyone make better decisions, thus enhancing service delivery.

NetMeeting:

- Child Welfare helpdesk and support staff use NetMeeting to connect to staff's computers to assist with resolving problems, thus enhancing service delivery by allowing helpdesk staff to connect immediately to resolve problems.

WebEx:

- WebEx is used to host planned or AdHoc meetings virtually without requiring staff to attend in person, thus enhancing service delivery by allowing staff to eliminate travel to various staff meetings and thus become more efficient.

Sum Total - Learning Management System (LMS):

- Sum Total allows us to track training, progress and attendance. This assists us with producing the annual training report due to the State. This enhances service delivery by streamlining the collection of trainings attended by staff, and allows us to be certain that staff are attending the required training necessary to do their jobs.

Lectora:

- Lectora software is used to create on-line trainings that are uploaded to our Learning Management System. This allows staff to take on-line trainings. This enhances service delivery by allowing staff to take courses at their desk, rather than having to travel to training locations. It also attends to adult learning theory by providing various modalities of training.

b. Probation Case Management System (PCMS)

The Probation Department utilizes the Probation Case Management System (PCMS). The system was developed specifically for Probation and has no interface with other systems that track information for Child Welfare Services. Information regarding Probation wards receiving Child Welfare Services is tracked through the PCMS system, and since October 2010 information is being entered into the Child Welfare Services/Case Management System (CWS/CMS) by Probation staff. Data is reported to the California Department of Social Services monthly. This information is then gathered along with that of other county Probation Departments throughout the state and submitted to UC Berkley. UC Berkley provides outcomes information regarding Probation wards that receive Child Welfare Services.

Probation continues to receive training on the entry into CWS/CMS. However, there have been systemic issues with the entry of data and the information that is reported to the state. The percentages that appear on the state reports are lower than what is actually entered. Probation is working with Child Welfare Services Data Unit to identify any issues that may be causing the poor reports.

c. PSSF/CAPIT/CBCAP Funded Providers Management Information System

All County contractors are required to track data relevant to their programs and provide monthly or quarterly progress reports. The CWS Community Services for Families (CSF) program, the largest PSSF/CAPIT/CBCAP funded program, uses a web-based database that was mutually agreed upon by the CSF contractors. Social Solutions' Efforts to Outcomes (ETO™) Software is performance management software for human services, connecting efforts to outcomes, people to services and providers and communities to funders. It is web-based and accessible from any Internet-connected personal computer. ETO offers customizable program management tools, which facilitates recording information and receives reports for all levels of the work that is done.

This database system captures client information ranging from basic demographic information to services received. This centralized database is capable of generating the CSF Monthly Progress Report, and information for the Annual State CAPIT Report. The system comes with a robust reporting tool that facilitates ad-hoc report creation on demand. The contractors have this client management tool to track services provided, referrals issued, and goals identified. ETO enables agencies to track the progress of clients from initial contact through program completion. Unfortunately San Diego County has run into barriers in fully utilizing ETO's capabilities due to compatibility issues with the County's network. The County is currently working to address these issues and we expect that we will be able to run more robust multi-agency reports in the near future. The other issue currently being addressed in the quest to evaluate CSF outcomes is the challenge in matching program data from the ETO database with client outcome data in the CWS/CMS system. There are many challenges when trying to match data across systems including data entry errors, different client names and nicknames, etc. The Data Unit is currently running test reports to check on reliability of data matching so that outcome data can be run after the program has been in place for two years.

Through the CSF Managers' review of the data, SafeCare was identified to be an effective in-home service. SafeCare has been shown in research studies to have a 75.0% success rate in clients not returning to the Child Welfare System. SafeCare is an effective model for parents who lack basic parenting skills.

The other effective parenting curriculum utilized by CSF is the program Systematic Training for Effective Parenting (STEP). This is an evidence based curriculum targeted to children 12 years of age and older. The Client Satisfaction Surveys were above average on the satisfaction and success rate of how clients felt about the services they were receiving from CSF. Effective communication and positive parenting skills; basic skills; health education; safety and parent child interaction training are also very effective programs and services offered by CSF.

2. Case Review System

a. Court Structure/Relationship

The County's Juvenile Court handles both dependency (CWS) and delinquency (Probation) cases to determine what is in the best interests of the child within the child's family and community. Below are descriptions of the Juvenile Court's process for dependency and delinquency cases.

i. Structure of County Juvenile Court for Dependency and Probation Cases.

County Dependency Court: The dependency court system focuses on the protection of children and providing children with permanency through family reunification, adoption and guardianship, wherever possible. The following step table explains the Juvenile Court dependency system:

Exhibit 9: Juvenile Court Dependency System Steps	
Step	Action
1	CWS receives a report of suspected abuse or neglect.
2	CWS conducts an investigation to determine the risk of harm to the child, for example: 1) whether child abuse or neglect exists; 2) whether there is immediate danger to the child; and, 3) whether the child can remain at home or with a relative.
3	If CWS decides to remove the child from his/her home, CWS has 48 hours to release the child back to the parents or file a petition for dependency.
4	If CWS files a petition, the Juvenile Court holds a Detention Hearing the next judicial day. At this hearing the Juvenile Court determines if the child must be detained and the child and parents are each appointed an attorney to represent their individual legal interests.
5	Within 21 days after the Detention Hearing, the Juvenile Court holds a Jurisdiction Hearing to determine if there is enough evidence for the child to come under the jurisdiction of the Juvenile Court.
6	<p>If the Disposition Hearing is not held immediately after the Jurisdiction Hearing, it must be held within 60 days of the Detention Hearing. At the Disposition Hearing the Juvenile Court:</p> <p>a. Decides whether to declare the child a dependent:</p> <ul style="list-style-type: none">• If the child is adjudicated a dependent, the family will receive a Family Maintenance or Reunification plan.• If the child is not adjudicated a dependent, the Juvenile Court may dismiss the case or order Voluntary Services for the child and family. <p>b. Addresses placement of the child, protective orders, visitation and services for the child and family.</p>
7	After the Disposition Hearing, the social worker is responsible for assisting the family with the case plan ordered by the Juvenile Court.
8	Review Hearings are held at six-month intervals to evaluate the progress of the child and family and to facilitate permanency.

Probation's Delinquency Court System: The delinquency system focuses on the rehabilitation of the child and protection of the community. The Juvenile Court delinquency system proceeds, in general, as follows:

Exhibit 10: Juvenile Court Delinquency System Steps

Step	Action
1	When law enforcement takes a child into custody, law enforcement decides whether to: 1) detain the child in Juvenile Hall; 2) release the child to his/her parents, or 3) release and refer the child to a diversion program. Note: If the child is not detained, the case proceeds to Step five.
2	Probation Department's Intake Unit assesses each case to determine whether to request the filing of a petition for wardship.
3	If a petition is requested, the District Attorney files a petition and the Probation Department conducts an investigation to ascertain the facts of the allegations for the detention report.
4	If the child is detained, the Juvenile Court holds a Detention Hearing. At this hearing the child is appointed an attorney to represent the child's legal interests. During this hearing, the Juvenile Court reviews the petition and determines whether the child should be either returned home (with or without restrictions) or detained in Juvenile Hall.
5	The next hearing is a Readiness Hearing. At the Readiness Hearing, the Juvenile Court accepts the child's admission or denial to the charges presented in the petition: <ul style="list-style-type: none"> • If the child admits the charges, the case is then set for disposition. • If the child denies the charges, the case will be set for an Adjudication Hearing, which is similar to a trial. At the Adjudication Hearing, if the Juvenile Court finds the allegations in the petition true, the Court sets a Disposition Hearing. If the Juvenile Court finds the allegations false, the petition is dismissed.
6	At the Disposition Hearing, the Juvenile Court decides whether or not to declare the child a ward of the Court. If declared a ward, the Court sets probation conditions for the child and determines the child's placement while on probation.
7	After the Disposition Hearing, Review Hearings are scheduled at 12-month intervals to monitor the child's progress while on probation.

ii. CWS and Juvenile Court Relationship

The Juvenile Court Policy group meets monthly to discuss issues pertaining to the Juvenile Court and child welfare services. The policy group includes the following: the CWS Director, presiding Juvenile Court Judge and other court personnel, Chief Deputy County Counsel, minors' and parents' attorneys, CWS Policy and Program Support staff, and Court Appointment Special Advocates (CASA). Policy sub-committees are sometimes formed out of this meeting.

Starting July 1, 2010, the Administrative Office of the Court (AOC) contract for dependency legal services was awarded to Dependency Legal Group of San Diego (DLG) (contract previously held by County Public Defenders). DLG has four different offices: Minor Counsel Office, Primary Parent Office,

Conflict Parent Office and Conflict Office Counsel. Each office has a non-case carrying supervising attorney and assistant supervising attorney.

Probation administration meets with the Juvenile Court monthly at the Delinquency Policy Group meeting. The meeting is attended by the Chief Probation Officer, Deputy Chief of Juvenile Field Services, Directors of Juvenile Field Services and judges of the Juvenile Court, the District Attorney's Office and the Public Defender's Office. Additionally, the Juvenile Forensics and Stabilization Team (JFAST) and the Dual Status Pilot program are collaborative programs with the same partners.

iii. Effectiveness of Juvenile Court and CWS to:

a) Continuances

The use of court hearing continuances can influence the effectiveness of the dependency and delinquency court systems. Court continuances impact CWS's state and federal outcome measures. Continuances can delay permanency being achieved and reunification within 12 months. Court continuances occur for a variety of reasons and circumstances and can vary case to case. The following are common reasons for continuances:

- late or unavailable court report at the time of a hearing
- pending parent searches and/or paternity test
- conflict or disagreement between parties (agency, parents or attorneys)
- ICWA information not provided

The Juvenile Court has implemented the following to reduce the number of continuances:

- identify and agree upon circumstances that warrant the use of continuances (e.g., recent assignment); and
- increase efforts to establish paternity at the beginning of a dependency case, the Detention or Jurisdiction Hearing.

b) Termination of Parental Rights

The Permanency Planning Assessment Unit (PPAU) is assigned to assess children for concurrent planning placements including adoptions. The PPAU completes the following:

- Pre-assessments required prior to the Termination of Parental Rights (TPR) Hearing.
- Notifies all parties including parents of the TPR Hearing.
- Update all parent searches and prepare a Declaration of Due Diligence, in a case involving an absent parent.

The court will not terminate parental rights unless an adoptive home is identified for the child. The court will continue to set 6-month Review Hearings until the adoption is finalized.

Some of the reasons for delaying the TPR Hearing are for unresolved paternity, ICWA issues, and contested hearing by the child's parent(s). Parents have the legal right to contest the TPR Hearing or any other Permanent Plan Hearing.

c) Facilities available for children and parents

“Kids in Court” is a program funded by a grant from Rady Children’s Hospital serving children, regardless of age, who are called as witnesses in Juvenile Court. Each child is provided with an explanation of court procedures as part of preparation for the court experience. The program provides advocacy and support to the child at the time of testimony and is available to assist with transportation if needed. Children can wait for any court appearances in staffed waiting rooms while at the court houses.

d) Use of alternative dispute resolution

Probation uses alternative dispute resolution when working through an arrangement between the victim and the perpetrator of the crime. Restorative Justice, a local nonprofit, provides this service to Probation. Child Welfare Services has worked to implement alternative dispute resolution service with dependency youth. Due to the confidential nature, case complexities and the need to obtain caregiver support, it has not been possible to implement this solution in dependency cases.

iv. Summary of findings from Administrative Office of the Courts (AOC) Administrative Review.

The court and CWS work collaboratively to increase compliance and accuracy with the findings and orders and to have hearings held more timely. The summary of our findings from 2010 is as follows:

The court held all reviewed detention hearings and post-permanency hearings timely. The court held 77.0% of the pre-permanency hearings timely and 53.0% of the permanency hearings timely.

Exhibit 11: Court Permanency Hearings

Finding	Pre-Permanency Hearing		Permanency Hearing		Post-Permanency Hearing	
	2007	2010	2007	2010	2007	2010
Necessary and appropriate placement	100.0%	95.0%	100.0%	76.0%	100.0%	93.0%
Agency’s compliance with case plan	100.0%	64.0%	100.0%	94.0%	0.0%	27.0%
Family’s progress	82.0%	36.0%	93.0%	65.0%	N/A	N/A
Likely date of return or other permanent plan	73.0%	50.0%	N/A	N/A	N/A	N/A
Permanent plan of...continues to be appropriate	N/A	N/A	100.0%	94.0%	94.0%	53.0%
Likely date to finalize plan or achieve goal	N/A	N/A	93.0%	24.0%	71.0%	27.0%
Independent living skills	N/A	N/A	100.0%	0.0%	100.0%	67.0%

The data in this exhibit illustrates that there are findings the court should be making, but are not consistently made. This data was collected in April 2009 which was at a time when new judges were appointed to Juvenile Dependency Court. The lack of findings does not negatively impact outcomes for youth. CWS staff continue to work on permanency for youth regardless of whether the correct findings and/or orders were made.

b. Process for Timely Notification of Hearings

The County provides timely notice to all parties involved in a dependency and delinquency cases (e.g., foster parents, tribes, pre-adoptive parents; relative caregivers; and, non-relative extended family members.) County Counsel and CWS work together to ensure proper ICWA noticing by providing social work staff with clear instructions on procedures. The AOC developed an ICWA inquiry form regarding possible Native American background for use by social workers at the first hearing parents attend. The parents' attorneys are responsible for reviewing the questionnaire with the parents to ensure accuracy of information provided. Under current policies and procedures, all caregivers may address the Juvenile Court at hearings in person or in writing.

c. Process for parent-child-youth participation in case planning

CWS policy requires social workers complete the SDM[®] Family Strengths and Needs Assessment (FSNA), a tool intended to be completed with significant input from the family, prior to developing the initial and subsequent case plans. Each case plan is discussed and reviewed with the child and his/her parents. CWS policies and procedures require that case plans be individualized to each family's situation utilizing the FSNA. The social worker meets with the youth and the parents to discuss the family's perception of their needs to successfully reunify the family.

The case plan must address the following elements:

- Relevant social, cultural and physical factors for the child, parent and any other significant person(s) who reside in the home;
- Areas of improvement for the family that require intervention to alleviate the protective issue;
- Family strengths that help facilitate positive resolution of the protective issue;
- Special needs of any child who is a parent;
- Previous social services offered and/or delivered to the child or the family, and the results of same;
- Health/medical care information;
- Schedule of planned social worker contacts with the child/parent/caregiver; and,
- Visitation schedule between the parent(s) and the child(ren).

The social worker must obtain the parents' signatures on the case plan after the parent has consulted with their attorney. In addition, State regulations require social workers to update a case plan at least once every six months. The update includes specific information about the current progress of the child and family, as well as any changes regarding the information in the case plan. Caregivers, including pre-adoptive parents, receive notice of court hearings every six months and are provided the opportunity to submit input to the court for consideration. During case planning with the family and child, the social worker ensures issues of permanency are discussed every 12 months and appropriate recommendations are made to the court.

d. Case Planning and Review

Juvenile Probation develops case plans, pursuant to Division 31 Regulations, on all cases that come into their system. These case plans cover permanency issues and the services to be provided. The case plan must be signed by the parent, child, and probation officer; and must be updated every six months. The child and family are involved in the development of the case plan and the case plan and responsibilities of each party are discussed with the family. In addition, the Probation Department has launched an initiative, Integrated Behavioral Intervention Strategies (IBIS) to aid in the case planning and supervision of juvenile court wards. The initiative involves evidence based practices and training on motivational interviewing. The strategies should lead to finding the most restrictive setting and permanency issues.

Stakeholder Finding

A number of stakeholders noted that the case plan is frequently unclear to the families and that more emphasis should be placed on communication and clarity.

3. Foster/Adoptive Parent Licensing, Recruitment and Retention

As stated in a previous section, San Diego's Foster/Adoptive Parent Licensing is now called Foster and Adoptive Resource Family Services as a result of the implementation of Melding. Within this process, Foster Home Licensing is responsible for ensuring all the State of California licensing requirements are met, including criminal clearance. Parts of the Melding program that are working well are the joint orientation and a joint internal tracking form to monitor cases as they move through the melded assignment process. The County is awaiting approval to utilize the same medical form for both program requirements. This will aid in the licensing process to ensure there are not unnecessary delays to the licensing of foster homes.

An Orientation Survey is distributed to all participants of the Melding program. Feedback from these surveys is extremely positive, thus indicating that information is clear and beneficial. Foster parent leadership has been extremely supportive of Melding, believing that many foster parents do end up adopting, and that Melding will prepare them in advance for being "whatever the child needs." Foster parents have expressed some concern that the melding process may take longer than it would take to only obtain a foster home license. The County continues to work to expedite the Melding process.

In San Diego, relative placement approvals are completed by specialized placement workers in each of the regions. The regional placement workers are responsible for ensuring the State standards are met, including criminal clearances.

Both Licensing and the Regional Placement workers collaborate with the local tribes for the placement of children in tribally approved homes. Based on the focus group held with the tribes, stakeholders have stated there is a need for better coordination, especially with relative placements.

Recruitment

Recruitment for Foster Home Licensing is done through media advertising (television, radio, newsprint), and through staff presentations throughout the community (faith-based groups, non-profit organizations, etc.). Foster Home Licensing offers eight orientations each month throughout the county. On a quarterly basis, Foster Home Licensing offers a “Taking Care of Business Day” which allows applicants to complete the Orientation, Livescan, TB tests, First Aid and CPR all in one day. Foster Home Licensing also staffs the KIDSline toll-free phone number that prospective foster parents can call to learn about the licensing process.

To recruit foster parents that reflect ethnic/racial diversity of children in the San Diego foster care system, San Diego County conducts targeted recruitment by securing advertising contracts with African American and Hispanic publications, including Voice and Viewpoint (African American journals), and El Latino and La Voz (Hispanic journals). San Diego County hired a Spanish-speaking Recruiter who conducts recruitment presentations and radio/newspaper interviews in Spanish, and also invited the Southern Indian Health recruitment program to join recruitment events to increase applications from Native-American applicants. San Diego County regularly publishes advertisements that target recruitment of homes for sibling and teens, as well as for special needs children for the Substance Abuse/HIV-Infant Program (formerly Options Program).

Retention

The Foster Home Licensing (FHL) Manager has an open-door policy that encourages foster parents to call or meet with her directly. A monthly Foster Care Services (FCSC) meeting is held with foster parents, community groups and CWS staff to discuss foster care issues, provide information about services and placement resources and share information. Committee members include staff from the following programs:

- Comprehensive Assessment and Stabilization Services (CASS)
- Developmental Screening and Enhancement Program (DSEP)
- Maxim Respite Services
- San Diego County Office of Education
- Public Health

Foster Home Licensing contracts with Grossmont Cuyamaca Community College (GCCC) Foster, Adoptive, Kinship Care Education Program to provide ongoing training and support to foster and adoptive parents and kinship caregivers. Examples of trainings which have been developed include sibling placement issues, AB458, sexualized children and special care rates. Foster Home Licensing is also working with GCCC to update the Foster Parent Handbook and to provide the Foster Parent Mentor Program.

The Training Coordinators and CWS staff attend a bi-monthly Training Coordination Meeting to discuss training issues, proposals, and to review training curriculum. CWS administration also hosts a quarterly Ad Hoc meeting with foster parent leaders to discuss specific case concerns.

Foster Home Licensing staffs the KIDSline toll-free phone number for foster parents to call for assistance with the following:

- Information about the licensing process
- Referrals for financial issues
- Assistance in locating resources for behavior or placement issues
- Problems with a CWS social worker

Foster Home Licensing hosts an annual Foster Parent Recognition Banquet to honor foster parents, as well as an annual Foster Family Picnic for all licensed foster families. Every foster family has a licensing worker who is also available to assist with questions or changes in the foster home.

There are three Foster Parent Associations in San Diego County which offer support and assistance to foster parents. Foster Home Licensing staff meet monthly with the Foster Parent Associations. A Foster Parent Mentor Program is available to all foster families and the County funds stipends for Foster Parent Support Group leaders.

To promote sibling placement, Foster Home Licensing staff carefully review all requests for sibling placement. Any time a licensing worker cannot approve a request, the Foster Home Licensing Manager reviews the request to verify that the denial was made due to safety concerns of the children.

In addition to the regularly published advertisements targeting recruitment of homes for siblings, teens and special needs populations, San Diego County also administered the Foster and Relative Kinship Care Fund to help make or maintain placements for hard to place children for whom resources are scarce. Examples include purchasing the following:

- Beds for a home that is willing to care for a sibling set,
- Cribs/toddler beds for special needs infants, and
- Temporary child care for homes willing to care for infants and toddlers.

Self-Evaluation: Foster Home Licensing maintains monthly statistics and client surveys which are reviewed to assess the recruitment efforts, retention efforts, the number of licensed homes, and the effectiveness of Orientation. There is ongoing dialogue between the Foster Home Licensing Manager and Recruitment/Retention staff on how to improve techniques and methods.

Building Community Partnerships: Foster Home Licensing is very active in increasing involvement with community agencies, other licensing agencies, adoptions and education programs. Foster Home Licensing staff meet monthly with foster parent leaders, foster parent trainers, and staff from community-based organizations which offer services to foster families and children.

Foster Home Licensing (FHL) Reform Efforts

FHL has undergone the following reform efforts:

- *Structured Decision Making Tools Pilot:* FHL is participating in a pilot project with the Children's Research Center along with other California counties, applying Structured Decision

Making Tools (SDM) to substitute caregivers. After a home is licensed, and prior to designating the home as placement ready, FHL is using two SDM tools. The first tool assesses the level of support the foster family will need to have a successful placement outcome. The second assesses the foster parent's current ability to provide care in ten key areas which includes an area focusing on providing permanency to children. The FHL workers who use the SDM tool find that the tool creates a deeper conversation with the potential caregiver.

- *Integrate Melding Concepts:* Foster Home Licensing staff work closely with Adoption Social Workers to reduce redundancy within the Agency. Adoptions and Foster Home Licensing staff attend a monthly Melding Oversight meeting to share information and to assess/improve the melding process. This effort streamlines the licensing/adoption process. By combining the two efforts of approving foster and adoptive parents in an integrated orientation, training and home study, families are prepared to care for children in the foster care system either temporarily or permanently.

4. QA System

a. *CAPIT, CBCAP, PSSF*

i. *Oversight and monitoring*

CWS Policy and Program Support (PPS) administers the Community Services for Families (CSF) contracts, the largest CAPIT/CBCAP/PSSF funded program. The County's Commission on Children Youth and Family (CCYF) oversees the Children's Trust Fund (CTF) and in collaboration with CWS reviews and approves CTF spending. PPS uses a formal contract monitoring system that includes assigning a Contract Administrator that serves as the contractor's primary contact and provides technical assistance to help ensure contracted goals/objectives are achieved. The Contract Administrator conducts site visits to monitor contract activities, monthly fiscal desk reviews of the contractor's claiming/invoicing processes, file/desk reviews, and fiscal site visits to audit invoices. Contractors are required to submit monthly progress reports on program progress and contractual deliverables. The Contract Administrator also audits program case files for contract compliance, routinely validates samplings of the information reported by contractors and randomly reviews client satisfaction surveys.

All CAPIT/CBCAP/PSSF providers receive onsite file and fiscal audits completed on a regular basis. Providers meet with a County Contract Administrator to review service provisions for all services provided to families. In addition, regular fiscal audits are completed by CWS and County Agency Contract Support (ACS).

Fiscal reviews are conducted at least twice a year, reviewing a minimum of four months of invoices. CAPIT/CBCAP/PSSF invoices are reviewed and approved on a monthly basis by Contract Administrators and tracked by the Fiscal Analysts. The PSSF allocation is also tracked by each of the four categories of services. CSF provides Family Preservation and Family Support services, Adoption Support is provided by the Adoption Support Services Contract and Time-Limited Reunification services are provided through Family Visitation Centers. All invoices are also reviewed and approved by the CWS Principal

Administrative Analyst prior to being forwarded for further review/approval/payment by the HHSA Fiscal Department.

The County has clear processes and procedures in place to address non-compliance. Non-compliance or risk issues that do not impact the health, safety, or welfare of clients or create major risks to the achievement of program outcomes or to the County may be addressed and resolved at the Region/Division through a Corrective Action Notice (CAN). To ensure that contractors are meeting the terms and conditions of their service contracts, and that quality services are being delivered, the Health and Human Services Agency (HHSA) has a centralized method of tracking more serious contractor compliance or risk issues. Issues may be considered for the Contracts Risk Report (CRR), due to the severity or the risk associated with the compliance issue. Information from HHSA Regions/Divisions on action taken with contractors for non-compliance or risk is provided to Agency Contract Support (ACS) monthly and is used to produce the CRR. Other County departments which have mutual contractors with HHSA receive and may report on the CRR.

On the CRR, non-compliance or risk is ranked into four categories: Elevated Watch, Low, Medium, or High. A description of the fiscal or programmatic issues is noted, as well as what is being done to mitigate the situation. The report is distributed to County Counsel, HHSA and other affected departments or contract managers and their executives. This report allows contract managers' staff to track the contracts that have compliance or risk issues and to increase monitoring or technical assistance as needed.

Prevention programs are typically evaluated through parent/youth satisfaction tools. In San Diego, this includes:

- A standard satisfaction survey conducted by CSF contractors at case closure, and
- A conference evaluation, conducted by The Commission on Children, Youth and Families, at major events such as the annual Parenting Conference, and
- "Speak Out" focus groups that solicit feedback from foster youth conducted by LEAP (Leadership Empowers All Possibilities) Council.

See Appendix J for the CCYF Parent Conference evaluation, Appendix K for the CSF satisfaction survey, and Appendix L for the LEAP satisfaction survey.

ii. Service delivery for children at risk of abuse and neglect

CAPIT/CBCAP/PSSF funded services for children at risk of abuse and neglect are referred by CWS social workers to the CSF program. Referrals are prioritized and are based on the level of risk as determined by the CWS SDM risk assessment tool. Families that are found to have the highest risk level and an open CWS case are assigned first, second are those families referred by social workers, but do not have an open CWS case, and third, are community referred families.

iii. Service delivery for children with special needs

Based on the SDM FSNA, families with children with special needs receive priority for contracted services. In addition, to support contractors in meeting the needs of these children, the County is developing a training for contractors on transporting children with medical needs.

To ensure the special education needs are met, the County has two contracted programs: Educational Liaisons with County Office of Education and Special Education Legal Advocacy. These contracts provide support to social workers and caregivers for special education advocacy.

b. Probation Quality Assurance

San Diego County Probation monitors Quality Assurance issues through manual data collection. The Placement Unit Supervisor is responsible for ensuring that funding streams are maintained, completing random audits to monitor compliance with state and federal mandates and gathering and disseminating data related to foster care functions. A Placement Probation Aide is responsible for gathering monthly data regarding visitation compliance, Independent Living Services (ILS) and Title IV-E related activities.

Since October of 2010, Probation staff has been entering information into the Child Welfare Services/Case Management System (CWS/CMS). The data will be used to evaluate measures of Child Welfare Services provided for probation wards. Probation will work with our service partners to develop the methodology for evaluating the adequacy and quality of service provided.

Stakeholder Findings

- Multiple case workers for one family creates duplication and confusion
- Increase the use of Team Decision Making, joint meetings between different systems, and collaborative approaches to avoid duplication and ensure needs are met

The Placement Unit Supervising Probation Officer is responsible for random audits that include review of Title IV-E mandates. The audits are conducted quarterly and a report is forwarded to the Juvenile Supervision Division Director. Due to budget cuts, the Quality Assurance Senior Probation Officer position was cut from the Placement Unit.

c. Child Welfare Services Quality Assurance

i. Quality Assurance system

Child Welfare Services (CWS) has made significant strides in expanding the Quality Assurance (QA) system in the last several years. Throughout this time there has been a focused and comprehensive effort to improve the quality of data, to expand the reporting and use of compliance and outcome measures, and to improve the quality of child welfare practice. Major milestones include:

- Establishment and staffing of the Data and Quality Assurance Unit in 2004. The Unit currently has four staff members.
- Approval in FY 2006-07 of nine dedicated positions for Quality Assurance (QA) Supervisors to support quality improvement in regional offices and centralized programs, such as Adoptions, through the use of data and sharing of best practices.

- Monthly QA Workgroup meetings that address a variety of data and practice issues and lead efforts to improve performance on federal, state and local performance measures. The meetings are co-chaired by the Data & QA Manager and the Automation (CWS/CMS) Manager.
- Alignment of local performance measures with state and federal measures.
- Development of QA tools such as case and referral review tools.
- Achievement of annual improvement targets, e.g. improvement of compliance on social worker contacts which in FY 2005-06 was typically around 85.0% and since QA efforts were implemented, it has consistently been above 90.0% since FY 2008-09.

The Data Unit distributes approximately 25 monthly data reports, several quarterly and annual reports and produces an average of 12 ad hoc data reports each month. In addition, the County contracts with the National Council on Crime and Delinquency, Children's Research Center, for additional ad hoc reporting services.

The Data Unit also provides coordination and oversight of research requests from universities and other researchers, provides technical assistance in developing performance measures for CAPIT/CBCAP/PSSF and other contracts and provides some limited support in program evaluation efforts.

The QA Supervisors use Safe Measures and Data Unit reports on a regular basis with their regional managers, supervisors and workers to identify areas of excellence and areas of improvement. They conduct referral, case and court report reviews, and facilitate and track Multi-Disciplinary Team meetings. In addition, due to recent funding from First 5, the QA Supervisors are now conducting case reviews to ensure information on young children's developmental needs are included in case files and court reports.

In order to meet increasing demands for more sophisticated data analysis and reporting as well as for program evaluations of contracted services and practice initiatives, CWS could benefit from additional training and technical assistance to improve data analysis, quality assurance and program evaluation activities.

ii. CDSS Quarterly Data Reports

The CWS Director, Data Manager and Policy Manager review the CDSS Quarterly Data Report each quarter. In addition, the Data Unit has established Safe Measures dashboards on the County Intranet so that managers and executives in the region can easily find and evaluate the performance of their regions on San Diego County's SIP measures and other key compliance measures. In addition, the SIP measures have been integrated into the County's Operational Plan and the Operational Incentive Plans of the CWS Director, General Regional Managers and the Assistant Deputy Directors of Centralized and Regional programs.

All CWS Managers and QA Supervisors are also tasked with monitoring performance for their region/program and working in conjunction with the QA Workgroup to identify and implement strategies to improve performance. The County of San Diego has seen significant improvement in several performance measures during the current SIP period, including improvements in timely reunifications and timely adoptions.

iii. Policies in Place for Monitoring Indian Child Welfare Act and Multiethnic Placement Act compliance

a) Indian Child Welfare Act

CWS policies to meet the Indian Child Welfare Act (ICWA) mandates are available to all social workers in the CWS intranet Program Guide. In addition, CWS has implemented the following to ensure ICWA compliance:

- Bi-annual ICWA noticing issue meetings;
- ICWA appeal cases are discussed and reasons for the appeal are reviewed;
- Designated ICWA specialists are regionally located;
- Child Welfare Policy Analyst tracks trends, issues and training concerns;
- Child Welfare Policy Analyst attends State ICWA meetings and brings State issues to our bi-annual ICWA group; and
- Permanent Placement Assessment Unit (PPAU) coordinates with Regional staff to ensure ICWA noticing forms are completed correctly.

b) Multiethnic Placement Act

CWS has the following internal processes in place to assure compliance with the Multiethnic Placement Act (MEPA) when making adoptive placements:

- The Adoption Placement Committee screens all children for placement and sends out names of potential adoptive families to social workers, regardless of child and family's race (unless the family is not willing to adopt a child of a certain race, which is allowable under MEPA).
- Social Workers are required to review all potential matches and to provide in writing feedback on the potential match (i.e. why the family was not selected for the child or why they were matched with the child). These feedback forms are reviewed by the supervisors.
- The Placement Committee reviews the feedback forms and returns them to the family's applicant worker and they then remain in the family's file.
- The feedback forms are used to provide feedback to the families as to why they were not matched; they are also used to pinpoint patterns and biases in practice, which are immediately addressed by the Supervisors and CWS Managers.

Social workers for children write a “telling;” a document, which in part individually assesses a child’s needs regarding placement. They also complete a child profile form which includes a section on special considerations for placement. These documents are also used in the matching process. At times, the consideration of Race, Color, Nationality, Origin (RCNO) may be in the child’s best interest and is allowed under MEPA.

Recruitment of permanent placement families includes diligent efforts to reach and include families who mirror the characteristics of the waiting children pool.

iv. Policies in Place for Monitoring Effectiveness to Meet Mental Health Needs

CWS has a staff psychologist who provides case consultation to CWS staff and who liaisons with the County’s contracted Treatment and Evaluation Resources Management (TERM) program. TERM provides oversight of the fee-for-service mental health provider panel that provides individual, conjoint, and family therapy for CWS clients. The staff psychologist is also the CWS liaison for CASS (Comprehensive Assessment and Stabilization Services), a County MHS contract to promote placement stability to children/youth in out-of-home placement.

San Diego County’s large size and cultural/linguistic diversity can create difficulty recruiting/retaining providers who can provide the wide array of services that are needed, in the locations where clients live, and in the appropriate languages. As a result, clients (including children) often have to travel many miles to receive services from a provider who is qualified to meet their unique needs. This can become particularly onerous if the client must rely on public transportation. Some providers are able to serve only clients who live in specific areas.

CASS works with foster, kinship, Foster Family Agency (FFA), and six-bed group home providers to evaluate and address environmental (e.g., school) and caregiver-child interactions from a trauma-informed perspective. CASS also provides crisis intervention and short-term therapy, collaborates with significant others in the child’s life, and makes recommendations regarding treatment and interventions with the goal of maintaining placement and enhancing the child’s psychosocial functioning.

CWS and Juvenile Probation collaborate with County Behavioral Health Services (BHS). CWS and BHS contract with a variety of mental health services and community-based partners to provide additional services such as:

- *Wraparound Services*, provides mental health, case management and support services for children involved in CWS.
- *Incredible Years*, provides services to parents of young children regarding treating/preventing behavioral problems; improving parent-child interactions; building positive parent-child relationships and attachment; developing nurturing parenting skills, and increasing parental social support and problem-solving skills.

- *Transitional and Step-Down Services*, provides assistance in transitioning children from a residential treatment facility to a family setting by providing mental health case management and therapeutic services.
- *Therapeutic Behavioral Services*, provides specific behavioral modification intervention to assist youth from CWS to maintain placement.
- *Vista Hill Juvenile Court Clinic* provides psychotropic medication second opinions and short-term medication management for youth referred by the Juvenile Courts, Probation, and CWS.
- *Multidimensional Treatment Foster Care* provides evidence-based intensive treatment foster care to avoid placement in a residential treatment facility and to facilitate an expeditious transition to a familial placement.
- *KidSTART Center and Clinic* serves children 0-5 years with complex developmental and socio-emotional/ mental health needs. Children receive comprehensive assessment referral and treatment. Mental health funding is leveraged with First 5 Commission of San Diego County funding.
- *Positive Parenting Program (Triple P)*, provides prevention and early intervention services through evidence-based practice for children 0-5 and their families.

In addition, the Probation Department provides the following programs:

- The Criminal Conduct and Substance Abuse Treatment program is delivered by mental health care professionals and is designed to assist individuals that are detained with histories of substance abuse combined with criminal conduct. Using cognitive-behavioral methods, the program's goal is to help replace negative behaviors with positive alternatives.
- The Crisis Team also provides mental health counseling and treatment as needed for youth that are detained pending placement or release.
- The Juvenile Forensic and Stabilization Team (JFAST) program incorporates an evidence-based drug court model into the provision of services to youth with mental health issues who are involved in the delinquency system. It is a team approach that includes a Probation Officer, a dedicated public defender, district attorney, a single juvenile court judge and various community-based treatment providers

v. Services for Children with Special Needs

CWS ensures service delivery for special needs children and high risk families through the County CWS staffed Medically Fragile Unit and the Deaf Services Unit. The County has a specialized Deaf group home. In addition, the County has a long standing relationship with the San Diego Regional Center which includes a working Memorandum of Understanding and quarterly collaboration meetings to ensure developmentally disabled joint clients receive appropriate services.

The County has a specialized Residential Services Unit that addresses the unique needs of children requiring a higher level of care (i.e. group home and FFA). Social workers in this unit have expertise in developing specialized case plans.

The Independent Living Skills program is designed to assist youth aging-out of foster care achieve self-sufficiency. This program is contracted with community agencies and is a partnership with San Diego Workforce Partnership; the local Workforce Investment Act (WIA) agency. ILS contractors provide a coordinated program of classes, workshops, and special events designed to help youth learn needed life-skills. The contractors implement an outreach plan designed to engage and encourage youth participation. They support youth to complete high school, assist with applications for post-secondary college or vocational training and financial aid, provide work-readiness skill training, identify and refer appropriate youth to Workforce Investment Act funded services including subsidized employment, help youth achieve housing stability by linking them to Transitional Housing Placement Plus (THP-Plus) and other transitional housing providers, and connect them with community resources for emergency assistance when necessary.

The County has also partnered with the First 5 Commission of San Diego County and contracted with Rady Children's Hospital Developmental Screening and Enhancement Program (DSEP) to provide a comprehensive system of care that ensures that young children (0-5) entering the system receive a developmental and behavioral screening, are rescreened in six months if there are no initial concerns, and receive follow up services if needed. The quality assurance activities include:

- Every two weeks, a report is generated by the CWS Data Unit and provided to DSEP of all children under age six who have entered the system or have had a change of placement.
- DSEP uses this report to identify children who need to be screened. In FY 2009-10, 99.0% (1004/1014) of children eligible to be screened received a screening.
- Following the screening, DSEP provides an Individual Care Plan for each child with recommendations of activities and services to benefit the child's development. This document is used by workers, caregivers and service providers to support the child's unique needs. Children can be referred to a variety of services based on need including Regional Center, early childhood education programs, DSEP provided services such as caregiver coaching, California Early Start, First 5's Healthy Development Services program, and many others. In FY2009-10, 85.0% of children needing services received one or more of the recommended services.
- DSEP enters aggregate data into the First 5 evaluation database each month and the information is reviewed by the CWS Contract Administrator.
- In addition, CWS Quality Assurance Supervisors in each region and centralized program conduct quarterly case reviews to determine if there is an ICP in the case records for each eligible child and to determine if relevant developmental information is included in court reports prepared by social workers.
- The partners meet regularly to discuss program concerns and to review performance against the Evaluation Framework developed by First 5.

- Annually, First 5 publishes an evaluation report on all their programs and the report is posted on their website at: www.first5sandiego.org.

vi. Policies and Procedures in Case Planning Services

CWS social workers are required to provide the Juvenile Court the initial case plan either within 30 days after the initial removal of the child, or the first face-to-face contact before the Disposition Hearing, whichever comes first. Social workers are required to develop case plans for all voluntary cases within 30 days of the initial face-to-face contact. Parents are required to sign and date the family case plan for CWS and Probation Cases. The date the client signed the case plan is documented in the CWS/CMS database.

a) Concurrent Planning

Concurrent planning is provided for all children when: 1) a petition for dependency is filed; 2) the child is placed in out-of-home care; and/or, 3) the court has ordered reunification services. The CWS Pre-Planning Assessment Unit (PPAU) is responsible for assessing referrals of children for concurrent planning placements.

CWS social workers address concurrent planning activities in the case plan and court reports as follows:

- **Case Plan:** The Initial Case Plan and the Case Plan Updates for reunification case must contain plans for two tracks: 1) the family reunification track, which describes the services to be provided to assist reunification; and, 2) the permanency planning track, which identifies the child's permanency alternative and the services to be provided concurrently to achieve legal permanency, if reunification efforts fail.
- **Court Report:** A court report for a family reunification case with concurrent planning must meet the following requirements, depending on the type of court report:
 - **Jurisdiction/Disposition Hearing Report:** This court report must include both the reunification plan and the permanency alternative plan. The report must also include:
 - The parent's prognosis for reunification;
 - Documentation of the social worker's discussion with the parent(s) about the requirement to plan for permanency and reunification concurrently, and the parent's option to voluntarily relinquish the child for adoption and participate in adoption planning; *and*,
 - A statement of the reason(s) (e.g., parent unavailable/unwilling) and the steps made toward legal permanence for the child (e.g., child placed with a relative willing to provide legal permanence or referred to PPAU for placement in a concurrent planning home), if there was no such discussion.

Stakeholder Finding

Stakeholders frequently mentioned Team Decision Making, a strategy that includes parents and youth in placement decisions, as an important placement stability and reunification approach.

- *Review Report:* This court report must include an update on the services provided to achieve a permanent placement for the child if efforts to reunify fail.

The Probation Department addresses concurrent planning within the Division 31 Case Plan and within the review reports in a similar manner as CWS.

b) Meeting TPR Timeliness

The continuing services social worker is required to complete a pre-assessment for permanency (e.g. looking into guardianship or adoption as an alternate plan) for each case 30 days prior to the 6, 12 and/or 18 month review hearing if the parent is not progressing in reunification. This facilitates the proper timelines for the case to move to TPR in a timely manner. Timelines may be out of compliance if a court hearing is continued or a trial is set that extends beyond the assessment timeframe.

Documentation of compelling reasons for TPR are contained in the court reports. The court report(s) outline what permanent plan is appropriate for the child and why it would be in the best interest of the child to terminate the parental rights.

c) Transitional Independent Living Plan (TILP)

When the youth is between the age of 15-1/2 and 16, the social worker and youth meet to develop a Transitional Independent Living Plan and the plan is reassessed when the social worker meets with the youth. The TILP is updated and submitted to the court every six months. The process is the same for Probation youth.

vii. Family to Family Self Evaluation

As a result of the County's Family to Family Self Evaluation CWS implemented the use of Team Decision Making (TDM) meetings at each placement decision. The use of TDM is well established in the CWS practice and has been cited by community stakeholders as a success in Child Welfare outcomes in San Diego.

5. Service Array

This section describes the County's prevention and intervention activities and includes an overview of the scope and adequacy of funded programs.

a. Analyze Community-Based and Prevention-Focused Programs

San Diego County community-based agencies play a critical role in prevention-focused programs.

According to the most complete directory of San Diego services (211 San Diego), there are over 1659 programs that serve basic needs, 4692 that serve health care, 917 for income support and employment, and 3393 programs for individual and family life services^{xxii}. Many of these services are nonprofit organizations that the County partners with to accomplish mutual goals. With the recent economic recession, the capacity and financial solvency of these key partners has been compromised. A recent study noted that 58.0% of these nonprofit organizations experienced an increase in demand for their services, while over two-thirds experienced a 30 percent drop in revenue.^{xxiii} The study went

on to say that they are “stretched almost to their breaking point”, which could have a serious negative impact on services to prevent entry into the child welfare system.

Another key aspect of the County’s structure is its regional approach. Due to its sheer size (larger than Delaware and Rhode Island combined) and the different and unique characteristics of each region, the County adopted a regional approach to ensure services meet population needs. However, this regional approach has made ensuring equal and equitable access to needed prevention-service a challenge. This uneven service array was frequently mentioned by stakeholders as a key concern for them to be addressed specifically by CWS.

Community Finding

Stakeholders and focus group participants noted that the service array is inconsistent across the regions.

b. Description of Services

Community Services for Families (CSF): The largest countywide prevention and intervention efforts funded by the County’s CAPIT/CBCAP/PSSF funds are included in the variety of services provided through the CSF program. CSF provides a continuum of family support services that includes services for families that will prevent their entry into the child welfare services system, or ensure that children receiving child welfare services are able to live in safe, permanent families and maintain their connections to their school and community.

CSF provides the following levels of services:

- Family Preservation services that assist children and families to resolve crisis, connect with necessary and appropriate services, and remain safely together in their homes.
- Family Support services enhance parents’ ability to create stable and nurturing home environments that promote healthy child development, avoid unnecessary out-of-home placement of children and help children already in out-of-home care to be returned to and be maintained with their families.
- Reunification services address the problems of families whose children have been placed in out-of-home care so that reunification may occur in a safe and stable manner in accordance with the Adoptions and Safe Families Act of 1997.

Approximately 2,000 families receive case management and parent education services annually, with many more families referred to other services.

The CSF program is available countywide with one lead contractor in each of the six Health and Human Services Agency Regions supported by a continuum of subcontractors and community partners that provide ancillary services. The following four Community Services for Families contractors provide services across the six HHSA service regions:

- South Bay Community Services – South Region
- North County Lifeline – North Coastal and North Inland Regions
- Social Advocates for Youth – North Central and Central Regions
- Home Start – East Region

The key service components of CSF include:

- Case management services utilizing a family strengths participation approach;
- In-home individualized parenting training using SafeCare, an evidence-based model that focuses on bonding, skill training, home safety/cleanliness training, health care, communication and problem solving;
- Parenting education in a classroom setting using Systematic Training for Effective Parenting (STEP) curriculum;
- Peer Parent Partners, former CWS clients, who support and guide current CWS parents through the child welfare process; and
- Other supportive services, including referrals to community resources, support groups, individual therapy, emergency funds, and specialized services for foster and kinship families.

Community Voice

“The Parent-Partner is the one that helps you go through the system... it is the most excellent idea.”

- Focus Group Participant

The Parent Partners service is a unique component of the program. Parent Partners are birth parents who have been involved with CWS and were successfully reunified with their children. As a result of their journey through the child welfare and Dependency Court systems, they possess a unique perspective and can provide guidance by sharing their experiences and lessons learned. The Parent Partners provide educational and support services to parents with a CWS case plan which include the following activities:

- Meet with Dependency and Voluntary parents to encourage early engagement in services needed to meet their CWS Case Plan objectives (refer at case opening);
- Provide parents with a face-to-face review of *A Parent’s Guide to the Child Welfare System* booklet and video to supplement information provided by the CWS Social Worker; and
- Attend Team Decision Making (TDM) meetings.

Although the parent partner service has only been in place for a short time, parents have indicated that they are very grateful for the parent partner program because they feel understood by the parent partner and that the service helps them lower their defenses and better understand and cooperate with the process.

CSF services are offered countywide through a combination of CWS, community and self referrals. Families either receive services directly from the contracted agencies or they are referred to more appropriate services that are funded through a collaborative network of community-based service providers. Referrals made by CWS social workers are based on the SDM risk assessment and Family Services Needs Assessment (FSNA).

CWS Management Perspectives

In terms of prevention, eminent risk Team Decision Making (TDM) is available and working.

The CSF program is an example of a program offered Countywide. During the stakeholder meetings, inconsistencies in regional service delivery were identified as a problem. These gaps are primarily in programs started with non-CWS funding as pilots to meet local or unique service needs. Many of these programs are demonstrating promising results, and as funding becomes available, these programs will be expanded.

Within the CSF Child Abuse Prevention Case Management Program, services are also provided to Native American families in North Inland and East Regions of the County. The goals for this program include:

- Increased community awareness and involvement in child abuse prevention through cultural and community activities;
- Enhanced resilience and protective factors among the community;
- Reduced isolation; and
- Increased youth and community wellness.

The CSF contracts just completed their first full year of services so there is not yet enough data to report on outcomes. However, the program was designed to impact several federal outcome measures including timely reunification, re-entry into care and recurrence of maltreatment. In addition, because families are linked to community resources to help them obtain additional support and services, such as health insurance and nutritious food, it is expected that these services will impact child and family health and well-being as well. Upon completion of FY 2011-12, the County is planning to report initial results in the following areas:

- Timely reunification of children with their parents;
- Reduced re-referrals;
- Children in voluntary services remaining safely in their homes; and
- Families connected to a medical home.

The CSF outcomes include requirements to assess each member of the families served for health insurance eligibility and to assist eligible individuals with completing the application process through Certified Application Assistants. CSF outcomes also include ensuring that children have a family medical home and immunizations are either started or are brought current for the child's age.

Established Networks of Community Services and Resources.

Each of the six Health and Human Services Agency Regions provides a network of services unique to the needs of the residents and the geography of the region. In South, Central and North Central Regions there is a network of school-based Family Resource Centers (FRC) where a wide range of agencies, including CSF, provide comprehensive services. In East Region, the County and community-based agencies, including CSF, provide services through school-based collaboratives that are known as the East Region Collaborative Network. The vast

Stakeholder Findings

- Stakeholders widely noted that outreach should be extended through general media (Public Service Announcements)
- CWS should be more visible in the community, engaging them to create a positive, prevention-oriented relationship

geographic areas that comprise North Inland and North Coastal Regions result in services that are provided uniquely to each community. Some communities have school-based services and others rely on sites at a variety of community-based non-profit agencies.

One established entity that networks providers together is the Commission on Children, Youth and Families (CCYF). The Board of Supervisors designated CCYF in 2002 as the local child abuse prevention council, as described by California Welfare and Institutions Code Section 18982. On December 6, 2011, the Board of Supervisors directed the Chief Administrative Officer to conduct a review of the structure and functions and duties of the Commission, including the functions of the Child Abuse Prevention Coordinating Council. HHSA returned to the Board on January 24, 2012 with a proposed recommendation to dissolve the Commission and establish a San Diego County Child Abuse Prevention Coordinating Council to undertake the functions and responsibilities described in the Welfare and Institutions Code. This proposal was endorsed by the Board as the most optimum and efficient structure to carry out the goal of improving Child Welfare Services and fulfill the mandates of the Child Abuse Prevention Coordinating Council. HHSA plans to return to the Board with necessary changes to the Administrative Code.

The Commission is currently comprised of members interested in child abuse prevention in San Diego County and includes but is not limited to:

- County staff
- Community providers
- Foster parents
- School personnel
- Community Members
- Former Foster Youth

Child abuse prevention work is carried out through the work of the Child Abuse and Family Violence Prevention Committee (CAFVPC). The Committee provides the leadership, resource development, education and coordination to prevent and respond to child abuse and family violence in San Diego County.

The Committee is a joint effort of the Domestic Violence Council and the Commission on Children, Youth and Families and provides a forum for inter-agency coordination in the prevention, detection, and treatment of child abuse, and promotes public awareness of the abuse and neglect of children. Through the coordination of community efforts, and by promoting awareness, advocacy and education, the Committee works to protect all children from exposure to violence, abuse or neglect.

Child Abuse Prevention Strategies. The Commission plans campaigns throughout the year to promote public awareness of prevention, intervention and treatment of child abuse and neglect.

To support community prevention efforts, materials and informational brochures are distributed to schools and community groups throughout the year. Input on the need for campaigns is received

from Commission committees as well as partnering organizations, such as the Domestic Violence Council and the Child Fatality Committee. The Commission also collaborated with CWS to develop materials for the Safe4Baby campaign, a parent education and social marketing program that focuses on four areas: Sudden Infant Death Syndrome (SIDS), safe sleeping for infants, shaken baby syndrome, and the Safely Surrendered Baby law. Other child abuse prevention strategies included:

- **SafeCare:** an evidence-based in-home parenting model program that provides direct skill training to parents in child behavior management, home safety training, child health skills, and planned activity training
- **Family Day and HOPE in the Park:** CCYF and over 50 local nonprofit agencies and local businesses increased community awareness of resources to families.
- **CCYF Parenting Conference:** provide educational opportunities to support families in raising healthy children through speakers, sessions, and community resource exhibits.

Between 2008 and 2010, approximately 134,000 pieces of prevention and educational materials were distributed in English and Spanish to over 18,300 attendees at Commission sponsored and co-sponsored conferences, meetings, trainings and community events (such as those events mentioned above). With the use of data from CWS, the Commission targets the communities that will benefit from events/trainings/campaigns that will have a direct and immediate effect on the awareness and reduction of child abuse.

c. Outreach to Special Populations

Services to Native American Children. Services to Native American children and families are centralized through the County's Indian Specialty Unit (ISU). ISU staff members either directly case manage the Native American children or provide consultation to other County staff responsible for the child's case plan. The ISU works closely with the ICWA workers for the Northern and Southern Indian Consortiums to provide Native American children with culturally sensitive and relevant services and to ensure that the children that are not placed in their native communities stay connected to their heritage and traditions.

Even though the County has built some strong collaborative relationships with the local tribes, the tribal communities continue to lack resources and access to services which is a challenge due to the remote areas of the reservations and limited transportation.

Diversity Schoolhouse. The Commission on Children, Youth and Families partners with a community based nonprofit organization to provide quarterly training series called Diversity Schoolhouse. Diversity Schoolhouse is designed to help frontline workers within the social services, law enforcement and education fields improve their communication with and understanding of various ethnic, cultural, religious, and other diverse groups in our community. Diversity Schoolhouse attendance ranges from 50-100 participants per session.

Cultural Broker Services is a pilot program initiated in Central Region and funded by Child Welfare Services and the Commission on Children Youth and Families, through Children's Trust Fund and

CWSOIP funding. Decreasing the disproportional representation of African American Children in CWS, along with other overrepresented minorities (Native Americans) has been a long standing goal. The current and previous SIP identified strategies and activities to assist in this effort. Cultural Broker Services grew out of some of these strategies along with input from the community. The purpose of the Cultural Broker program is to educate African American families involved in the Child Welfare System on child welfare laws and system process, life skills, effective communication skills, prevention and early intervention strategies that enhance child safety, and provide linkages to supportive services. Services also focus on educating Child Welfare Social Workers in cultural differences to understand the culture of the families they serve and to ensure the services provided to children and families are respectful of and compatible with their cultural strengths and needs.

Cultural Broker services include public education forums, culturally sensitive parenting classes, counseling, employment assistance, teen support, budgeting and other services related to improving the overall well-being of the family and reducing risk and safety factors for the children in the home. By reducing the risk, it is theorized that it will be less likely that the target population (African American children in specific zip codes) will come into foster care.

Other strategies utilized have included Family Finding services for African American children in APPLA in one region, participation in the CCCYF's Fairness and Equity committee (disbanded in 2010) and trainings for staff on racial bias.

Although the County has implemented several efforts to address this problem, we have yet to see any significant change in the rate of African-American children entering the system and the rate of African-American children who are in out-of-home care. It is our hope that this program, based on a model adopted from Fresno County, will prove successful and can be taken to scale so that this important issue can be addressed.

d. Description and Scope of CAPIT/CBCAP/PSSF Funded Programs

Promoting Safe and Stable Families-Time Limited Family Reunification (PSSF-TLFR) funding is used to provide families with timely, intensive, and responsive support services in order to shorten the time it takes for them to reunite with their children. Some of the funded programs include:

- Community Services for Families (CSF) - CAPIT, CBCAP, PSSF-FP and PSSF-FS services are provided in all regions and have been described previously in other sections.
- Family Visitation – PSSF funded services provided in all regions. In FY 2010-11 3,047 families participated in contracted visitation services.
- Child Abuse Prevention – Indian Health Council, PSSF-FP, East and North Inland Regions only. The goals of the program are to increase awareness and involvement in child abuse prevention through cultural and community activities, enhance resilience and protective factors, reduce isolation (measured by assessment instruments) and increase youth and community wellness. The total number served is 46 families for FY 2010-11.

- Adoption Support Services – PSSF funding; services provided in all regions. This includes both Family Support Services and Family Preservation Services. The total numbers served are 923 parents and 931 children for FY 2010-11.

Family Visitation services help to maintain the bond between child and parents while apart, decreasing the trauma associated with family separation. Research has shown a positive correlation between parents maintaining visitation with their children while in out-of-home care and eventual reunification of the children with their parents. Visitation also leads to increased self-esteem and more stable placements for children. The visitation contractors in San Diego County provide an additional and important resource to social workers in ensuring that children are able to visit with their families while apart. The visitation contractors provide transportation, regional family friendly visitation centers in locations that are convenient to families, and monitoring of visits including providing feedback to parents after the visits in order to improve parenting skills and increase relationship skills.

Family Visitation Services Objectives include reducing reunification time by facilitating frequent and positive visits, holding visitation sessions in family friendly atmospheres to reduce child trauma, and monitoring/observing visits which allow the best possible visit for both child and parent.

Contracted Visitation Services include Pre and Post Visit

Conferences to improve parent-child interactions. Pre-consultations include rules for the visits and a review (based on prior visits) of concerns from previous visitations with the goal of assisting parents and children to maximize their visitation experience. Post consultations include a review of the visit that just concluded, re-enforcement of the positive aspects of the visit, and identification of concerns. These two conferences are done for every parent/child visit.

Stakeholder Finding

Stakeholders noted that simply increasing visitation will facilitate reunification.

The visitation contract also assists with:

- *Incredible Families*, a family focused approach that integrates the evidence-based Incredible Years model of parent education with a family meal and monitored visit. The visitation contractors provide transportation and monitor the visits. Incredible Families is funded by Mental Health Services Act funding.
- *Family Integrated Therapy (FIT)*, enhanced services to mothers struggling with methamphetamine abuse. Enhanced services include care coordination, therapy and parent education. The visitation contractors help to support increased visits, transportation and monitoring. The FIT program is funded through a federal Regional Partnership Grant and the visitation services for this program are funded through PSSF and Children's Trust Fund.

Families have consistently provided positive ratings in customer satisfaction surveys of these services. In addition, the need for continuation of these services was confirmed in FY 2010-11 when meetings were held with internal stakeholders regarding procurement of these services. Participants voiced the need for continued services and increased availability of services because there are periodic

waitlists for these services. However, since additional funding is not anticipated, the County is emphasizing an increased use of group visitations, where multiple families are monitored at one time in the current Request for Proposals.

Timely reunification has been a focus of San Diego County's System Improvement Plans for the past six years and the County has made significant progress in improving performance on the federal measure. The contracted family visitation services have contributed to this improvement by providing social workers with an additional resource they can use to support frequent family visitations while children are in out-of-home care.

Adoption Support Services. PSSF funds are allocated for the Adoption Support Services program for families at all stages of the adoption process. Highly trained staff provide a range of services for all members of adoptive families, including support groups, training, referrals, mental health services, respite and recreational activities. Despite the reduction in PSSF funds, the Adoption Support Services Contractor provides quality and efficient services to adoption families. Additional needs identified include respite care and clinical services to all regions of the county.

Legal Advocacy Services for Children and Families. The County funds a Special Education Advocacy program through the San Diego Volunteer Lawyers Program (SDVLP) that provides legal assistance, advocacy and representation to dependency youth with special education or disciplinary needs. They provide consultation and information for CWS Social Workers, foster parents, relative/non-relative caretakers and parents of children who are dependents of the San Diego County Juvenile Court.

The County also funds a Guardianship Legal Advocacy program through the SDVLP that provides legal services to adults seeking to become legal guardians for relative or minor children who are not CWS dependents but are unable to live with a parent.

These SDVLP programs leverage CWS funding and Children's Trust Fund. This allows the contractors to serve voluntary and dependency families.

e. Evidence-based and Evidence-informed Prevention Programs and Practices

The County of San Diego is committed to implementing evidence-based and evidence-informed practices. These programs are funded through a variety of mechanisms including CBCAP, Children's Trust Fund, Mental Health Services Act funds, and grant funds.

The array of programs below, demonstrate the commitment the County has made to implementing evidence-based practice. We have a close relationship with our local universities and participate in a number of research projects. The Child Welfare Director is a member of the Advisory Committee for the Evidence-Based Clearinghouse for Child Welfare. This is a resource the County uses and also provides input on topical areas to be studied.

Stakeholder Finding

Stakeholders were supportive of the various evidence-based practices currently underway including Safe Care, Incredible Years, and Signs of Safety.

The County is challenged with the ability to offer the range of services in all areas of the County. In the rural areas, many families have transportation issues and lengthy travel times. We have been working with our contracted services to increase the coverage. An example of this is the Native American program offered on the reservations.

Children with disabilities are served through a variety of programs to ensure their needs are met. Through the Educational Liaisons and Educational Legal Advocacy Program, social workers work with contractors to ensure children are receiving needed school-based services. The County has made a strong commitment to identifying infants and young children with physical, developmental, and mental health problems as evidenced by the Developmental Screening and Assessment Program and KidSTART Center and Clinic.

Juvenile Forensic and Stabilization Team (JFAST): The JFAST program began in July 2010 and incorporates an evidence-based drug court model into the provision of services to youth with mental health issues who are involved in the juvenile justice system. The youth are identified while they are in custody through an evidence-based screening and assessment process. Youth who are identified as having mental health issues and are appropriate for the program are assigned a probation officer. The team approach includes a dedicated Public Defender, District Attorney, a single juvenile court judge and various community based treatment providers and educational resources. Each youth is on the calendar once per month.

Community Assessment Teams: Probation collaborates with Community Assessment Teams (CAT) to provide preventative services to at-risk youth. During FY 2009-10, CAT saw 3,857 youth and had a longer term relationship with 2,249 of them. Of the 1,948 case managed clients who exited the program during the fiscal year, only 1.0% had a sustained petition (conviction) for a new crime.

Home Supervision: The Home Supervision Program helps reduce detention overcrowding, saves taxpayer dollars, protects public safety, and holds offenders accountable. Youth placed on home supervision are not allowed to leave home without their probation officer's permission except to attend school or work. They may wear an ankle bracelet that monitors when they are home. Home supervision officers made contact with 3,163 probationers during the fiscal year.

Truancy Supervision: The Truancy Supervision Unit managed 571 severely truant youth during the fiscal year. Youth spent an average of 238 days in the program, and 240 of the 345 who exited the program completed it successfully (69.6%).

Breaking Cycles: Breaking Cycles is a family-centered program with a team approach to changing patterns of juvenile delinquency. The team utilizes the family's strengths to develop and implement a plan, which focuses on delinquency intervention by employing a comprehensive and collaborative system of graduated sanctions for high-risk youth, ages 12-18. Youth are committed to Breaking Cycles for a period of 150, 240, or 365 days.

Teen Women and Their Children: Teen Women And Their Children (WATCH) is a program for teens who are substance abusers and pregnant. The objective is for the young women to deliver drug-free babies. Probation works with Social Services, community agencies and other law enforcement

agencies, using a zero-tolerance policy, to test clients and intervene with counseling. During the fiscal year, 54 wards were supervised. Of the 21 who gave birth, 100.0% were drug free.

SafeCare is an in-home evidence-based program for reducing child maltreatment. This model parenting program provides direct skill training to parents in child behavior management, planned activities, home safety and child health care to prevent child maltreatment. Core components include communication and problem solving. SafeCare was implemented in San Diego in 2008 and since inception has trained 44 home visitors and provided services to 984 families. The United Way made a multi-year commitment to the program which includes providing Safe Care training to develop a local team of CSF Safe Care trainers.

This program is a collaboration between CWS, the United Way and the Community Services for Families (CSF) contractors. In addition, the County has participated in a multi-year study on model fidelity and diffusion. One of the challenges in maintaining this program is identification of sustaining funds once United Way's commitment ends.

The SafeCare curriculum gives the families a foundation and a sense of accomplishment. It provides Health, Safety, and Parent-Child Interaction Modules. It is a structured curriculum on how to be an effective parent. Parents are provided tool kits on safety and health related issues. The program has been shown to be effective in keeping children safe. We have also found the outcomes for families receiving SafeCare demonstrate healthier relationships between parents and children along with safer home environments. SafeCare has been life-changing for our parents who came to the program with little to no parenting experience and has taught our workers a new style of intervention. Staff members claim almost an immediate decrease in the safety risks present in the home where SafeCare has been implemented.

Project KEEP's main objective is to give foster and relative parents effective tools for dealing with their child's behavioral and emotional problems, and to support them in the implementation of those tools. The County has participated for several years in research projects to study the effectiveness of the KEEP model and is currently participating in a study to look at model fidelity and effectiveness when implemented by a community provider, (one of the CSF contractors) rather than researchers.

Results from the KEEP project research studies demonstrate that children whose caregivers participated in KEEP were reunified more frequently with biological or adoptive parents and were less likely to disrupt from their foster care placements. The effects for preventing disruption were strongest for children who had been placed in multiple previous foster homes. Children in the KEEP foster homes also had lower rates of behavior problems than children in the "as usual" control condition. In 2007, the National Association of Counties awarded the County of San Diego with an Achievement Award for its work with KEEP "...in recognition of an effective and innovative program which contributes to and enhances county government in the United States."

Curriculum topics include framing the foster/relative parents' role as that of key agents of change with opportunities to alter the life course trajectories of the children placed with them. Foster/relative parents are taught methods for encouraging child cooperation, using behavioral contingencies and effective limit setting, and balancing encouragement and limits. There are also sessions on dealing with difficult problem behaviors, including covert behaviors, promoting school success, encouraging positive peer relationships and strategies for managing stress brought on by providing foster care. There is an emphasis on active learning methods; illustrations of primary concepts are presented via role-plays and videotapes. This program is currently funded through grant funds.

Incredible Years (IY) is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations. This program is being implemented with CWS parents and children in two regions in the County in a unique format that starts each session with a monitored visitation and meal for parents and children, and then the visitation contractors return the children to their placement homes and parents remain to participate in the IY training. This program is currently funded through Mental Health Services Act funds. If additional funds could be identified, this would be a useful model to extend countywide.

6. Staff/Provider Training

a. Social Worker Training

CWS staff training is provided primarily through the State funded, Public Child Welfare Training Academy (PCWTA). New CWS staff receives the mandated CORE trainings prior to being assigned a caseload and continue to receive advanced training throughout their County employment. PCWTA trainings address best practices and new mandates from the federal and state government. CWS Policy and Program Support also provide training to staff at all levels regarding new state and federal mandates, required services and the CWS/CMS database.

Stakeholder Finding

Stakeholders noted that social workers should be trained to provide clear, consistent communication about case plan contents and requirements. Lowering social worker caseloads to increase communication and maintain consistency was more frequently mentioned than social worker training.

Training needs are identified by obtaining information from the regions as to trends/problems/issues that they are seeing and experiencing. Once feedback information is obtained trainings are arranged accordingly. Additionally, when the Policy division (including Ombudsman and DOJ Grievances) notice practice issues, trainings are established. CWS staff can also request specialized training topics and advanced training on a range of emerging best practice and evidence-based practice.

All new social workers attend an eight week Social Worker Initial Training (SWIT). PCWTA provides twenty-one days of mandated CORE trainings to County staff and the County provides an additional eleven days of county-specific training. New social workers receive eight to nine days of job-

shadowing in the region where they will be assigned. After they are permanently assigned to a region they receive a reduced caseload and supervision to determine their needs for additional training and skill development. The SWIT curriculum covers Independent Living Skills (ILS) information.

The ILS unit also works very closely with case-carrying staff and youth on developing Independent Living Plans and TILP's (Transitional Independent Living Plan). ILS does internal training for all staff and contractors. Their caseload is increased as an assessment is made that their competencies are sufficient to manage additional cases.

The use of Structured Decision Making, a series of web-based tools that help to inform social workers at key decision points, has been in place since 2006. Over the past year, the complementary practice of Signs of Safety has been introduced to staff members through training, printed materials, and live learning opportunities. The goals of this integrated approach are to enhance safety, permanency, and well being through greater client engagement, rigorous critical thinking and increased solicitation of the child's perspective. The dissemination of information is being enhanced by opportunities for staff to develop and practice skills with the ongoing support from a coach who provides feedback, modeling, and encouragement.

b. Probation Officers Training

The Probation Department has a comprehensive training program for all sworn staff. All sworn staff must meet statutory and departmental training requirements. Standards and Training for Corrections (STC) refers to the training requirements imposed by Sections 832, 6035-37 and 6040-44 of the California Penal Code.

It is the policy of the Probation Department to develop and maintain a well-qualified, well-trained and competent staff. In pursuance of that policy, the Department will meet all statutory requirements for staff training including, but not limited to, those imposed by the Standards and Training for Corrections Act (STC). Deputy Probation Officers are required to complete 40 hours of STC training each fiscal year.

Upon assignment to the Deputy Probation Officer position, each officer must attend and complete the CORE Training Academy within one year of assignment. This includes training in all areas of Juvenile and Adult casework, legal requirements and Probation policies and procedures. The Academy provides 200 hours of instruction. In addition, Officers assigned to Juvenile Field Services attend an 80 hour training program covering specific aspects of Juvenile casework.

Juvenile Probation Officers assigned to the Placement Unit attend a 72 hour training course through the Resource Center for Family Focused Practice at UC Davis. The training is designed for new Probation Officers assigned to units where minors are in out-of-home placement. The three training modules cover the areas of Community and Youth Safety, Supervision, and Services and Permanency.

Community Voice

"My probation officer did not quit. She was well-informed on my history and my drug addiction... that is what I needed."

- Focus Group participant

This is a mandated program for all new Probation Officers within their first two years in the assignment.

The Probation Department identifies training needs based on new programs, policies and trends within corrections. The Juvenile Field Services Division has a Senior Probation Officer and a Deputy Probation Officer assigned to coordinate training for the division based on needs identified through the Division Directors.

c. Provider Training

The County's CAPIT/CBCAP/PSSF funded CSF providers are required to provide an annual training to all countywide CSF staff. Training topics include child abuse prevention and intervention, substance abuse, mental health issues, parenting, child development and mandated child abuse reporting. The contractors agree on training topics and each take responsibility for one topic area. The Contract Administrator provides technical assistance, as needed, and participates in the decision making process regarding training topics. Technical assistance is also provided, as needed, based on site visits and file reviews. Management Information System (MIS) training is also offered quarterly for all newly hired CSF staff.

d. Additional Training and Technical Assistance Specifically for CAPIT/CBCAP/PSSF

County liaisons, vendors/contractors, and parent liaisons/consumers. Training includes Parent Education Classes, evidence-based, age appropriate parenting curriculum. There are quarterly parent training classes scheduled for parents with children ages 0 to 2, 2 to 11, and 12 to 18. Although stipends are not provided to parent participants for attending, free child care is provided.

CSF providers were also offered "Better Outcome" trainings by the Commission in 2009 and 2011. These trainings allowed workers to gain perspective about how social worker actions in one part of the system impact the family in other parts of the system.

7. Agency Collaborations

a. Engagement/prevention strategies

The County has a long history of community-based prevention partners who share knowledge, resources and responsibility to protect the safety of children and preserve the viability of individual families. These include a broad range of traditional and non-traditional partners that span across multiple public and private agencies and disciplines (e.g., grass root organizations, parents, faith-based organizations, civic leaders and business) but share a common vision for the protection and well-being of children and are willing to work in a collaborative manner. These partnerships include broad community input and participation in decision-making.

Stakeholder Finding

Regional collaboration is uneven- some regions have streamlined communication and services, others do not collaborate well, resulting in duplication and inefficiencies.

CWS and Juvenile Probation have many agreements with child welfare, education, domestic violence, law enforcement, faith-based, military, mental and physical health entities. One such partnership is the Interagency Educational Agreement between CWS, Juvenile Probation, Juvenile Court, County Office of Education, and all school districts in the county, to ensure the protection of the educational rights of foster children and youth.

These partnerships can be viewed on two distinct levels: Countywide and Neighborhood. The Countywide Partnership is broader and inclusive of multiple neighborhood perspectives, while the community partnership is reflective of a specific locale perspective. One collaborative that has been established is with the local Public Housing Authorities (PHAs). As a result of our strong relationships and Memorandums of Understanding, two PHAs (Oceanside and San Diego City) have received Family Unification Program (FUP) awards from The U.S. Department of Housing and Urban Development (HUD). Each PHA is providing 48 and 100 vouchers, respectively, to reunifying CWS families in those cities. Each of the County's six Health and Human Services Agency Regions has developed or is in the process of developing community partnerships such as:

North Central Region

- Participates on the Inter-Agency Community Advisory Board meetings of the San Diego Family Foundations Program. The Family Foundations Program provides a facility for incarcerated women and their children. North Central recently assisted in coordinating Child Abuse Mandated Reporter Training for Family Foundation employees. The two agencies will continue to work together to enhance collaboration and services to clients we have in common.
- Coordinates the Military Initiatives action plan for CWS and various military installations in San Diego County. During the past year relationships have been forged and re-established with military entities at Miramar, Camp Pendleton, 32nd Street, Marine Corp Recruit Depot (MCRD) and associated Family Advocacy and Family Service Centers. Military Initiatives meeting are scheduled monthly, and workgroups are presently being established to work towards improving communication and collaboration between CWS and the various military service providers. This year, Military Training has been facilitated to approximately 45 newly hired CWS employees. In December 2010, San Diego County was asked to participate in a nationwide Shared Learning Collaborative (SLC), sponsored by Casey Family Programs, focusing on Collaboration between CWS and local military installations. It was this initiative that afforded the County to reestablish their positive linkages with the San Diego military installations.
- Provides onsite staff support at the Family Success Center at Montgomery Middle School. A social worker is co-located at the school two hours a day to provide CWS support and preventative services to families within this Vietnamese Community. Several community agencies are co-located at the school to collaborate and address the cultural, educational and social service needs of this community.

Central Region

- Offers a continuum of services and programs designed to reduce the rate of homeless episodes experienced by families (including the HHSA Homeless Outreach Team (HOT); Father Joe's and FUP Voucher program).
- Coordinates with Mid City Action Network (CAN), Inner City Action Network (ICAN) and Southeast Coalition to enhance staff knowledge of resources in the community.
- Coordinates a holiday toy drive for Central Region families by reaching out to local businesses and private organizations.
- Coordinates with Project Save Our Children, a grassroots community advocacy group in Southeast San Diego.
- Contracts Cultural Broker services in place with the Urban League.
- Established a "Fatherhood Champion" who has linkage with the Paternal Opportunity Programs and Services (POPS) group and the Fatherhood Network. POPS is a grassroots organization located a few blocks from the Central Office, and provides father support groups once a week in partnership with Family Youth Roundtable (utilizing their facility). The San Diego Fatherhood Network is a collaboration of many organizations that each have a section of father-specific services and resources (some partners include: Harmonium, Price Charities, SAY San Diego – Social Advocates for Youth and Family Youth Roundtable). Each entity shares resources and the group works to compile a father resource list and puts on events. The network is Countywide.
- Implement Incredible Families, a 15-week evidence-based model. This is a partnership with Vista Hill, O'Farrell Community School and New Alternatives which began providing services in the Central region in September 2010. Vista Hill provides therapeutic visitation, parenting education and individual treatment for children. New Alternatives provides transportation and supervision during the visitation portion of the session. Additionally, Vista Hill applied for and received a grant from Price Charities to provide meals to families during the visitation portion of the session.

East Region

- Utilizes a Speakers Bureau to educate community partners and schools about child abuse and neglect, HHSA, services that can be provided to families, as well as Neighborhoods4Kids. East Region has trained over 4000 people in the community to date.
- Strengthening relationships by working with relatives, collaborative partners and schools, East Region has been able to keep children in familiar environments even if they must be removed from their home. At the start of FY 2005-06 only 15.0% of school age foster youth were maintaining enrollment in their home school and 46.0% of foster youth were placed with relatives or a family friend. By the end of the FY 2010-11, 62.0% of school age youth were remaining in their home school and close to 69.0% of foster youth were living with a relative or family friend.

- Participates in a national Breakthrough Series Collaborative that is working on finding ways to make Child Welfare more trauma-informed, thus increasing placement stability. East Region is one of only nine sites across the country selected to participate in the Breakthrough Series Collaborative.
- Utilizes a law enforcement team to deepen relationships with three law enforcement jurisdictions in East Region. The law enforcement team responds to all Drug Endangered Children calls, any additional requests for assistance from law enforcement, and participated in the San Diego County Regional Gang Enforcement Collaborative.
- Participates with Incredible Families, a multi-family Parent-Child Visitation event and meal for all family members. Immediately following the family visitation, a 15-week Parenting Group, utilizing the Incredible Years evidence-based curriculum, is provided to parents. Their children, ages 2 to 11 are also provided with brief Mental Health Outpatient Services, which is focused on alleviating trauma and strengthening parent-child relationships. A primary therapist is assigned to each family, who is responsible for implementing all program components for their assigned caseload: Parent Group, clinical support during Family Visitation events and individual/family therapy. All family members (parents and children) are also assessed and referred for additionally needed services, including further mental health treatment, substance abuse services, and if needed, ancillary services.
- Partners with the Kiwanis Club of Alpine Foundation to sponsor respite events for foster parents in 2003. In September 2007 a Memorandum of Agreement (MOA) was established assuring ongoing support expediting familiar placements for children coming into protective custody in East County. Since solidifying the collaboration, the Kiwanis Club of Alpine Foundation has promoted the Neighborhoods4Kids initiative and received donations that go towards purchasing items needed for relatives/NREFMS to be able to immediately care for children who have been removed from their homes. Relatives/NREFMS may need items such as car seats, crib or bassinette, clothing, or similar items in order for them to be able to immediately take a child into their home. The Kiwanis Club of Alpine Foundation also has sponsored Foster Family Fun Days that are free events for foster families.

North Coastal/Inland Regions

- Coordinates with the Child Assessment Network North (CANN) in partnership with community partners with the goal of keeping North County children in their community. CANN is designed to provide prevention, assessment and intervention services for North County children age 0-17 who are in need of protective custody.
- Partners with Health Link, a school-based social services program
- Partners with CalState San Marcos to develop undergraduate internship program in Child Welfare Services
- Facilitates open communication regarding the educational needs of foster children by participating in North County Educational Collaborative.
- Outstations of emergency response social workers in community-based Family Resource Centers, Sheriff's offices, Camp Pendleton, and on reservations.

- Strengthens community ties and relationships with local Tribes through:
 - A MOA to improve collaboration on Child Welfare cases
 - Partnering with Tribes and former foster youth to implement “Club 7”, a monthly support group of Native American Foster Teens
 - Developing a Child Assessment Center at the Rincon Indian Health Center
 - Monthly case consults and CPT meetings with Southern Indian and Indian Health Clinics
 - Participating on 7th Generation, a Tribal workgroup focused on improving outcomes of foster youth.
- Partners with law enforcement by out stationing social workers at the Drug Enforcement Agency to serve families related to the Drug Endangered Children (DEC) and to strengthen relationships with law enforcement.
- Partners with several Law Enforcement Agencies on a multi-jurisdictional grant to combat Gang activity in North County by going out on monthly operations.
- Partners with community organizations on the North County Gang Prevention and Intervention Committee to create and promote local resources aimed at educating parents and reducing gang activity in the area.
- Partners with the City of Vista, who received a California Gang Reduction and Intervention Program (CalGRIP) grant from the state of California. The program focuses on one neighborhood. An Intervention Team, which is a multi-disciplinary team, works closely with youth and their families in an effort to direct them away from the gang lifestyle.

South Region

- Implemented Families As Partners (FAP), a Differential Response model where CWS partners with County Mental Health and community based organizations to engage families, utilizing very distinct and innovative tools, in the engagement decision making process regarding the safety of the children in their own home.
- Work with the South Region Educational Liaison Collaborative in engaging School Superintendents in efforts to enhance communication with School Principals through mutual educational workshops and information sharing with the goal of providing children with efficient and timely services and interventions.
- Work on a project that will be utilized as a matrix to guide the South Region in achieving goals of safety and self-sufficiency by partnering with South Bay Community Services, Private Businesses, Swift (MAAC), Family Nurse Partnership, and other County Programs.
- Partners with Casey Family Programs in providing prevention services to at-risk children so that children can remain safely in their homes. Casey is able to assist CWS identified families in ER referrals with long-term needed prevention services to break down safety barriers and divert children from entering the foster care system.

CWS Management Perspectives

Available and working well

- Families As Partners (FAP) - it is normal to have everyone at the table
- Encouraging the Social Workers to be receptive to utilizing the services of a Cultural Broker.
- Partnering with schools to keep children in their communities and schools.

- Co-locates an emergency response social worker at a Family Resource Center (FRC) to proactively engage families when an issue of concern surfaces during the family's visit to the FRC.
- Expand partnerships with the law enforcement community by co-locating Social Workers at local law enforcement agencies.
- Participates in Healthy Communities South Region Coalition whose purpose is to improve community wellness and reducing health disparities through the promotion of safe, healthy, and equitable policies, physical environments, and systems-change.
- Work with community partnerships in identifying areas in the community where there is a high number of Child Abuse and Law Enforcement Reports by completing a needs assessment and developing strategies that will provide the necessary resources to families to achieve a healthy, safe, and self-sufficient life.

b. County Mental Health Collaborations

In order to provide a comprehensive and integrated system of care for children in the dependency system, the County has established several important and innovative collaborative programs to promote children's safety, permanency and well-being.

- *Comprehensive Assessment and Stabilization Services (CASS)* is a contract funded by Mental Health Services Act funding which provides stabilization services to caregivers via mental health professionals when a placement is at risk of disruption. CASS provides 6-12 week crisis stabilization to foster youth/families. Services include: brief individual and family therapy, crisis intervention, case management, psycho-educational training, psycho-social assessment, strengths/needs assessment, medication monitoring and psychological assessment. CASS works with existing systems of care by sharing resources and focusing on strengthening caregivers in the home. Youth and families are then referred to pre-existing programs for longer-term needs. The minimum goal is to prevent 75.0% of children served from going into a higher level of care. From June 2010 through July 2011 the average percentage was 93.0%.

Stakeholders Findings

Stakeholders identified CASS as an example of an effective multi-agency collaboration.

c. San Diego County Superintendent of Schools Collaboration

- *School Success* is a partnership between the County of San Diego and the San Diego County Superintendent of Schools. The program provides ten education liaisons, employed by the County Office of Education Foster Youth Services, who provide a bridge between CWS and schools to support the educational success of school age foster children. Originally funded with grant funds from the Stuart Foundation and Qualcomm, the program is now funded through Foster Youth Services' state grant and Title IV-E case management funds.

With their educational expertise and connections with schools, the education liaisons are able to provide work with social workers to support school stability, help students obtain needed educational services, address disciplinary and transportation issues, and progress towards high school completion.

d. First 5 Commission of San Diego County Collaboration

- *Developmental Screening, Case Management and Caregiver Services.* The First 5 Commission has made a significant investment in providing comprehensive developmental services to children in the dependency system. Through contracts with Rady Children's Hospital Developmental Screening and Enhancement Program (DSEP) all children under the age of six receive a developmental screening as they enter the dependency system. In addition, in the last two years, several important enhancements have been funded by First 5, including: a six month re-screening of children who have no concern at the initial screening, comprehensive developmental and behavioral assessments when needed, follow up and case management for children who have concerns, and caregiver coaching. An Individual Care Plan is also created for each child screened with recommendations for caregivers and social workers regarding activities and services that will support the unique developmental needs of each child. In the first year of the program FY 2009-10, 1004 children received a developmental screening and 964 (96.0%) of those children received an Individual Care Plan. Of the 1004 young children screened, 524 (52.5%) showed a concern and 85.0% of those children received one or more recommended services; a very high rate of treatment initiation.
- *Developing a Cadre of Trained Early Childhood Social Workers.* First 5 has made an important and significant investment in the staffing, training and coaching of social workers so that they can better address the early developmental needs of young children in the foster care system. All social workers in regional offices with caseloads of young children complete a four hour early childhood training provided by DSEP, a two hour DSEP training on developmental/behavioral community resources and two hours in special early childhood topics. In FY 2009-10, the first year of the program, 171 social workers attended one or more of the DSEP trainings. In addition, First 5 funded early childhood workers in the Polinsky Children's Center (shelter) infant and toddler cottages and these workers received at least two hours of ongoing training each month as well as in-person coaching from developmental and behavioral specialists.

Much of the funding for the program enhancements described above will end on June 30, 2012, so one of the major challenges facing the County this year will be how to sustain the most important and effective components of the above programs. The second year of evaluation findings from these programs will be released in early 2012. CWS and First 5 will use this information to explore options and opportunities for sustaining components of these programs.

- *KidSTART.* CWS, the First 5 Commission, County Mental Health and Rady Children's Hospital are partnering in a unique, model program to provide transdisciplinary, integrated services to children with complex developmental and social-emotional health needs. The KidSTART Center and EPSDT Clinic were established in FY10-11, in response to needs identified through community planning sponsored by First 5 and through County Mental Health's Performance

Improvement Plan which demonstrated that the highest cost EPSDT patients had multi-sector involvement (CWS and special education) and tended to be younger at service entry. KidSTART was identified as the solution by intervening early to reduce the need for higher cost services later. KidSTART provides assessment, treatment and case management services including transdisciplinary treatment plans that engage multiple professionals in providing coordinated and integrated services that are seamless to families. Children in the dependency system were the primary clients in the first year, but the program will be expanded in year two to accept more community referrals. First 5 has made a 5-year funding commitment to the program and County Mental Health is able to leverage First 5 funds to draw down significant EPSDT funding to support the EPSDT KidSTART Clinic.

e. Coordination between CWS and Probation

- San Diego County Probation and Child Welfare Services collaborate on several efforts in order to better serve the foster care population. Among the efforts are programs such as the Dual Status pilot program, wraparound, and the inclusion of a Probation Officer in CWS to serve the Independent Living Skills needs of probation foster youth. Additionally, collaboration exists in the areas of education, services for transitional aged youth and the procurement of services through contracting. The Probation Department and CWS have a signed Memorandum of Agreement, and meet quarterly and as needed in order to meet the needs of children in San Diego County.
- Both CWS and Probation utilize FY-SIS, the Foster Youth Student Information System which houses information from the schools, the court, CWS and Probation. The FY-SIS computer database stores demographic, health and education information. It is accessible in varying levels to different entities. FY-SIS allows each entity to have pertinent information readily available to ensure timely school enrollment, transfer of records and ongoing educational success. Social workers and probation officers can also check a child's attendance and grades, allowing for timely follow up with the minor.
- An additional collaboration is the Interagency Agreement. This agreement is between CWS, Probation, 42 school districts, the court, the attorneys for parents and children, and Voices for Children/ CASA program. The agreement establishes responsibilities for educational mandates by agency. It also provides document examples and where to locate the appropriate information. The agreement establishes procedures for the implementation of education related law at the local level.
- The Dual Status Pilot project started in October 2010. The pilot project is limited to ten youth who are in the residential services section of Child Welfare Services. The project will be reviewed in April 2012 to determine whether or not the pilot project will continue. The dual status pilot project is a collaboration between Child Welfare Services, Probation and the Juvenile Court. Anecdotally, the project is valued by all of the collaborative partners including the attorneys who represent the children.
- The federal Workforce Investment Act (WIA) offers a comprehensive range of workforce development activities through statewide and local organizations. Title I of the WIA authorizes

services for youth age 14 to 21 years of age who meet eligibility barriers to employment. A year-round youth program emphasizes attainment of basic skills competencies, enhances opportunities for academic and occupational training, and provides exposure to the job market and employment. Activities may include instruction leading to completion of secondary school, tutoring, internships, job shadowing, work experience, adult mentoring, and comprehensive guidance and counseling. The program emphasizes services for out-of-school youth.

According to the Employment Development Department^{xxiv}, State of California, San Diego is the third largest Workforce Investment Area, based on the region's poverty and unemployment rates. San Diego is seen as a statewide model for WIA implementation.

San Diego's local WIA services are administered by the San Diego Workforce Partnership, Inc (SDWP). SDWP is a 501(c) (3) tax-exempt organization chartered by the County and the City of San Diego to fund job training programs SDWP's primary funding is allocated by the Department of Labor under the provisions of WIA. A series of SDWP boards vote and approve how funds will be distributed in the community. Recipients include: San Diego public and private agencies, community-based organizations, local businesses and education institutions. Research specialists analyze San Diego's workforce needs and trends and provide information to job seekers, employers and educators.

SDWP's collaboration with service providers funds programs for youth ages 14-21 with work experience and assistance with work readiness. The programs serve eligible youth who are interested in furthering their education and career goals. Per SDWP's 2010-11 Funding report: 1,870 youth were served in SDWP-funded programs, 1,777 youth participated in a summer work experience program, 854 youth received remediation services in Math and Reading, 432 youth attained a degree or certificate and 450 were placed in employment or education (2010-11 Funding report, www.workforce.org).

f. San Diego County Probation Agency Collaboration

San Diego County Probation collaborates with several community based agencies to provide resources for at risk youth and their families in the community.

- *Families Forward and Fred Finch*: Juvenile Probation contracts for wraparound services with two agencies, Families Forward and Fred Finch. The county's wraparound process provides individualized, comprehensive, community based services and supports to youth with serious emotional and/or behavioral disturbances so they can be reunited and/or remain with their families and communities. It brings people together from different parts of the family's life in order to provide a network of support.
- *Community Assessment/Working to Insure and Nurture Girls Success (CA/WINGS)*: The CA/WINGS team is a community-based prevention and intervention program designed to provide services to families with school-age youth, ages six through 17, who have chronic

behavior problems or other issues (i.e. chaotic home life, inadequate parental supervision) that place them at risk of entering or continuing in the Juvenile Justice system. Home-based in five locations throughout the county, mobile teams provide in-home, strength based assessments, interventions, referrals and case management services for eligible families.

- **Community Response Officer Program (CROP):** Probation Officers are out-stationed at various law enforcement agencies throughout the county. These officers participate in truancy and warrant sweeps and work with law enforcement agencies to divert at-risk youth from the juvenile justice system.
- **STAR/PAL:** The San Diego Police Department's Sports Training Academic and Recreation (STAR) program and the county's Police Athletic League (PAL) merged into major activities-oriented program to benefit the community. STAR/PAL's focus is on providing recreational and literacy services and opportunities to youth and their families throughout San Diego County.
- **Parenting Mentoring Substance Abuse (PMSA):** The Parenting, Mentoring and Substance Abuse (PMSA) program is a community-based intervention and referral program aligned with the Probation Department's Juvenile Drug Court. The three primary components of the program include parenting classes, mentoring and substance abuse services targeting wards of the Juvenile Court and their parents. The purpose of the program is to ensure that wards do not escalate to greater levels of involvement in the juvenile justice system.
- **Teen Women and Their Children (WATCH):** Teen WATCH is a program for teens who are substance abusers and pregnant. This is a collaboration between Probation, schools, social services and community agencies to provide education, counseling, substance abuse treatment and parenting education.
- **Reflections:** Reflections is a collaboration between Probation, Children's Mental Health Services, the County Office of Education and community based organizations. It serves as an alternative to out-of-home residential treatment facility placement. The target population for this program is adolescent offenders who have an Axis I mental health diagnosis and are in need of a structured day-treatment program with extensive counseling, education, mental health and family therapy as well as other intervention when needed.

g. Other Community Collaborations

- **The Rivers of Hope (ROH) Foundation:** The Rivers of Hope Foundation was created by San Diego Chargers quarterback Philip Rivers and his wife Tiffany to improve and impact the lives of children who find themselves in the world of foster care. The original focus of Philip's Foundation was to help ensure that children who are unable to return to their birth families are afforded the opportunity to join an adoptive family. In this effort, Philip has raised awareness of the need for foster and adoptive parents to come forward to care for foster children and his foundation has provided full financial sponsorship of the *Heart Gallery San Diego*, a mobile exhibit showcasing foster children from San Diego County available for adoption. In addition, Philip began a *Birthday Club* that provides a gift card to foster children on their birthday and also a *Something Special* fund to provide the extras (e.g., yearbooks,

prom dresses, sports equipment) a foster child might need to allow the child to participate in extracurricular activities. As Philip and his Foundation became more aware of the needs of foster children they have expanded their assistance to include San Pasqual Academy and other entities that benefit foster children. The purpose of the Rivers of Hope Foundation is to provide hope for children in foster care.

By providing public awareness of the needs of foster children, the Foundation becomes an important spoke in the public/private partnerships needed for child abuse prevention and services to children impacted by abuse and neglect.

- **Camp Connect:** Launched in 2008, Camp Connect San Diego is designed to reunite siblings who have been separated by their placement in the foster care system. Research shows that youth that remain connected to their siblings have better outcomes, including a decreased rate of incarceration and homelessness, and an increased sense of self-esteem, placement stability and higher rates of graduation. The sibling bond is strongest for youth in adverse circumstances. In these settings, siblings become the support network to cope with problems. When children are placed into foster care, these bonds become even more important as children grasp for some source of continuity and stability. This sense of loss continues into adulthood. Calls to agencies from adults looking for their siblings are greater than those calling to locate their parents.

Camp Connect is a public-private partnership developed and overseen by the County of San Diego, Child Welfare Services (CWS). Camp Connect offers youth several events throughout the year to reconnect with siblings and experience the bond that only siblings can offer. Each event, with a minimum of five per year, hosts approximately 65-80 children, ages 6-18. Children must be dependents of the Juvenile Court and are referred by their County Child Welfare Services worker. Over 900 children have been served through this initiative to date. In addition, this program brings awareness to social workers regarding the need for siblings to be placed together and if not possible, to have frequent, on-going contact.

h. Annual Reports

An annual report on CAPIT/CBCAP/PSSF funded programs is presented to the Commission. The presentation provides information on the services provided and the total number of families served. (This information is provided in the CAPIT annual update and when presenting the CTF spending plan.)

i. Develop Services

CAPIT/CBCAP/PSSF services are developed collaboratively with input from the community stakeholders and CWS staff. Once input has been provided, the County staff develop a Statement of Work for services that are competitively procured through the County's Purchasing and Contracting Department. Once contracts have been awarded the contractor and regional representatives meet to ensure that the services are provided in a manner specific to the needs of the individual communities

within the County. Developing the services together supports the collaboration and partnership between the CWS region and contractor and ensures that the services developed will reflect the needs of the community.

Through participation in councils, commissions and work groups, CWS works to partner with various stakeholders and communities to identify gaps, develop needed programs and identify funding. CWS is an active member of CMH System of Care Council, Commission on Children, Youth Families Committees including Foster Youth Services and Education Committee, Domestic Violence, (DV) Child Abuse Steering Committee, and Transitional Age Youth Committee. To further address DV in San Diego, CWS participated in two workgroups: one with District Attorney to address high risk felony DV case and the other with San Diego City Attorney to address misdemeanor DV.

j. Coordination of PSSF

There is on-going dialogue between County staff and PSSF/CBCAP/CAPIT funded programs and community stakeholders. These entities work collaboratively to improve service delivery and work together to streamline services. Currently, there are limited services for relative caregivers who care for children informally within their family systems, thus keeping the children from needing CWS services. Additional case management, mental health, wraparound funds and childcare resources are needed.

k. Interaction with local tribes

In the child welfare system improvement efforts, the CWS and Juvenile Probation have interacted with tribes and their Indian child welfare representatives. The strengths of the relationship between CWS and Native American Communities include:

- CWS procedures place a high priority on adherence to the Indian Child Welfare Act (ICWA) laws and all social workers receive training on ICWA-related issues.
- CWS program guide addresses the policies that pertain to Native American communities and ICWA related issues.
- CWS has an Indian Specialty Unit (ISU), which provides services to Native American families and collaborates with Native American tribes to find placements.
- Attendance at monthly Tribal Child Abuse Prevention Team meetings.
- System Improvement meetings such as 7th Generation (a group of current and former tribal youth who have had child welfare involvement) workgroup meetings that address service provisions and system improvement issues. When possible, meetings are held at local reservations and outcome data is shared and discussed together with our tribal partners.
- CWS and Probation has partnered with local tribes and community members to support the Academy of Professional Excellence, Tribal Star Project, an interdisciplinary training for providers who work with Native foster youth.

- CWS has partnered with local tribes, CDSS, and Casey Family Programs to participate in the California Disproportionality 3-Year Project (CDP). The project goal is to address the disproportionate number of Native American children in the foster care system. The CDP was completed in 2010 and a final report was issued in June 2011.

8. Local Systemic Factors

a. Fairness and Equity Committee

CWS included fairness and equity in the County's 2005-2008 SIP as a Local Systemic Factor. The County's Commission on Child Youth and Families established a sub-committee, Fairness and Equity Committee, to examine the issue of overrepresentation of persons of color in child serving systems. The Committee created the *Fairness and Equity Five-Year Operational Plan* whose components included:

- a. Resource development and oversight
- b. Improve practice through training
- c. Social marketing
- d. Innovative program strategies
- e. Developing and promoting a culturally competent workforce

Some of the committee's accomplishments included:

1. Published "A Fact Sheet on Disproportionality" that was distributed countywide to agency staff and community partners to raise the issue and begin discussion around the subject.
2. Assisted with the formation of a parent focus group that has now developed into a kinship caregiver's network.
3. Developed and distributed a white paper to CWS Manager and staff throughout the County. This paper presented the issue of disproportionality in San Diego County child welfare in a clear one-page document.
4. Provided training opportunities to CWS management and line staff. The Committee provided training to line social workers in order to begin the dialogue about disproportionality. Experts were brought to San Diego and provided training on a variety of topics addressing disproportionality. Some of the training provided included:
 - "Undoing Racism Training for Key Leadership in the County"
 - "Addressing Inequality in the Child Welfare System"
 - "Peer-to-Peer Learning with Ramsey County, Minnesota"
 - King County, Washington Training and Mentoring

In 2009, CWS partnered with the Fairness and Equity Committee, community stakeholders, California Department of Social Services (CDSS), and Casey Family Programs, to participate in the California Disproportionality Project. The County was one of ten counties selected to participate in the two year project. The focus of the project was to address the disproportionate number of African American and Native American children in the child welfare system. Project teams were composed of CWS staff and community stakeholders that worked together to develop strategies to address fairness and

equity issues in CWS. Learning sessions were held for two years with the ten counties and provided an opportunity to share project outcomes, successes and challenges.

The Fairness and Equity committee was sunset by the Commission at its 2010 bi-annual retreat. The Commission established goals and focus areas for FY 2010 to 2012 and made Disproportionality a critical issue that cuts across those focus areas.

The Committee's final achievement was developing The Disproportionality Report which is attached in Appendix M.

b. Live Well, San Diego!

Implemented by the San Diego County Health and Human Services Agency (HHSA), *Live Well, San Diego!* is a comprehensive 10-year initiative to achieve healthy, safe and thriving communities in San Diego. This overall strategy is comprised of three components; *Building Better Health, Living Safely and Promoting Thriving Families*. *Building Better Health* was accepted by the Board of Supervisors in July 2010, and work is beginning on the second phase; *Living Safely*.

Serving individuals, families and communities, the focus areas of *Living Safely* include prevention, protection, preparedness and response. HHSA aims to increase prevention by promoting safe living through strategies that encourage social connectivity, supportive relationships and increased access to services. Protection refers to a coordinated and sustainable system of comprehensive and integrated services for community members and the preparedness and response component includes stimulating the community to effectively develop, share and implement a preparedness plan to support self-sufficiency and resiliency. Within this plan, the county is considering integration projects across its different departments through a Health Information Exchange and a Social Service Information Exchange. These information exchanges would provide the departments within HHSA as well as its contractors the opportunity to share appropriate client-level information to better address family needs and manage provided services. The anticipation is that this structure will increase collaboration, decrease duplication of services, and ensure that families receive the needed services to support their optimal growth and development. CWS, through the *Living Safely* focus area, will be part of this large-scale integration project.

G. Summary Assessment

The CSA requires counties to take a comprehensive approach in its examination and identification of community need for prevention and community-based services. This approach includes an analysis of the federal and state outcome measures and systemic factors within the context of the county's demographic profile as well as information gathered via active participation of the county's prevention network partners, staff, and the larger community. This section presents findings from all CSA data collection and community engagement activities as it relates to county strengths, areas for improvement, and recommended strategies.

At each stakeholder meeting, members of the CSA team presented an overview of the CSA process as well as current San Diego County Child Welfare Services (CWS) and Probation data on trends and best practices. Following the presentation, stakeholders were provided key questions related to the day's topic and were asked to work in small groups of six to eight members on key areas of strength and weakness. Ideas generated during the small group work were written on 3x5 sticky pads. Facilitators then circulated around the room, collected the sticky notes, and grouped the sticky notes into common topics on wall paper. Once the small group work was complete, facilitators provided a summary of the clustering and invited additional feedback from stakeholders. This initial clustering was then analyzed further by facilitators to refine the categorization. The categorization of the input generated from stakeholders has been incorporated in this CSA report.

1. Overall Assessment

The following trends were identified based on the County's data and the CSA community engagement process. It is organized by the CSA's four focus areas: prevention, reunification, placement stability, and agency collaboration. These trends are presented in each focus area through descriptions of system strengths, areas needing improvement and future strategies. In many areas, system strengths were identified by stakeholders as areas also needing improvement.

Prevention. CWS, probation, and their community partners have worked towards developing a strong prevention approach. Data showed progress in this area: from 2007 to 2010, the rate of substantiated referrals to child welfare services decreased (from 13.2 to 8.3 per 1000 children). Various programs, such as Community Services for Families (CSF) are funded in part by CCYF. Together CWS and CCYF collaborate with other systems and services in each region which has shown promise and is widely commended by focus group and stakeholders alike. However, a more proactive, population-based and system integration orientation was suggested for the future. This includes building broader outreach to increase community awareness of CWS as a partner in preventing abuse. Preventing child abuse will require improving connections between existing service providers as well as families. Given current economic conditions, stakeholders and focus groups emphasized providing basic needs (e.g., food, childcare, transportation). Finally, a strong connection to the County's *Live Well, San Diego!* initiative, and the development of the *Living Safely* component will further assist to identify the network of services and connections to create a stronger, more resilient community.

The County Board of Supervisors has endorsed HHSA’s proposal to disband the current CCYF and the formal establishment of a local Child Abuse Prevention Coordinating Council. This reorganization will enable greater coordination of County’s efforts to prevent and respond to child abuse.

System Strengths	Areas Needing Improvement	Future Strategies
<ul style="list-style-type: none"> • In-home support, home visits • Parent support networks and education • Contracted services responding to community needs • Evidence-based programs and best practices to meet individual needs 	<ul style="list-style-type: none"> • Broad-based prevention (media (Public Service Announcements), community engagement (e.g., speakers bureau) • Connections between existing services • Basic needs (food, childcare, housing, transportation) • Parent education (e.g., available services) • Awareness of community resources 	<ul style="list-style-type: none"> • Improve array of parent education and support • Improve agency collaboration to address basic needs and access to services • Develop community engagement and education strategies.

Reunification. Reunification (“reunification within 12 months, entry cohort”, measurement C1.3) was ranked by the Child Welfare Service Management Group as a key measure to focus on improving in the upcoming System Improvement Plan. Reunification statistics have improved over the last years (based on entry and exit cohort measures). A number of best practices are in place (such as trauma-informed treatment and team decision making) but increasing agency collaboration, CWS staff’s ability to interact fully with families, and family visitation were noted as areas for improvement.

System Strengths	Areas Needing Improvement	Future Strategies
<ul style="list-style-type: none"> • Appropriate treatment based on client needs (substance abuse, mental health and dual diagnosis) • In-home support, home visits • Parent-child visitation • Best practices (Trauma Informed Treatment, Signs of Safety, Team Decision Making) 	<ul style="list-style-type: none"> • Targeted treatment • Collaboration across systems (county/legal) • Quality of social worker/family interaction • Family visitations 	<ul style="list-style-type: none"> • Improve parent/child interactions • Strengthen social work practice to support reunification

Placement Stability. The Child Welfare Service Management Group ranked placement stability among the top areas of focus for the upcoming System Improvement Plan (specifically measure C4.1: “placement stability, eight days to 12 months in care”). Placement Stability has increased over much of the last four years, but dropped in 2011 (based on the eight days to 12 months in care measurement). Community members noted that the current focus on Team Decision Making, support groups, and navigators were working. Areas of improvement identified by community members are improving the quality of visitation and access to basic supports.

System Strengths	Areas Needing Improvement	Future Strategies
<ul style="list-style-type: none"> • Foster parent training and support • In-home support • Kinship training, support, and kinship navigators • Team Decision Making 	<ul style="list-style-type: none"> • In-home support • Basic needs support (transportation, housing, financial assistance) • Wraparound support • Respite/childcare • Resources to support sibling connections and placement • Natural group home settings* • Staff improvements (training and quality)* 	<ul style="list-style-type: none"> • Improve kinship support and services • Improve licensed placement support and services • Improve CWS/probation placement process

* Refers only to youth stability in group homes

Agency Collaboration. Integration across sectors, disciplines, and systems is widely recognized as a critical element to not only doing more with fewer budgetary resources, but doing better for children and families. Over two-thirds of stakeholders in the stakeholder survey indicated that “Agency Collaboration” was among their top three issues for CWS to focus on in their upcoming System Improvement Plan. Families with multiple, co-occurring needs may touch multiple systems requiring systems to better integrate case planning and progress monitoring. CWS defines agency collaboration as:

- coordination with community partners in planning efforts such as information exchange, sharing of resources, and enhancing capacity,
- sharing involvement in evaluating and reporting progress on the County’s goals, and
- sharing responsibility for protection of children.

The County’s current *Live Well, San Diego!* initiative is based on the premise that breaking down the real and artificial lines that keep health and social service system siloed is central to creating an integrated information exchange and a practice focused on collective impact. Stakeholder and focus group participants noted the following effective agency collaboration activities and where there are areas for improvement.

System Strengths	Areas Needing Improvement	Future Strategies
<ul style="list-style-type: none"> •Collaborative teams (Team Decision Making and Multi-Desiplinary Team Approaches) •Regional Collaborations •Court collaboration •Multi-Agency collaborations •Social worker and family collaboration 	<ul style="list-style-type: none"> •Centralized information and service (e.g., 211, one-stop shops) •Connections between CWS and the courts •Intra-HHSA coordination •Streamline services to minimize duplication 	<ul style="list-style-type: none"> •Strengthen inter-agency communication and coordination •Improve intra-agency communication and coordination •Expand community engagement and dialogue

Probation PQCR Focus Area: Least Restrictive Placement (4B): Point in Time Placement with Relatives.

This focus area allowed San Diego County Probation to analyze placement stability and the relative home approval process for the PQCR. Probation chose this area due to reduced outcomes when it came to long term placement and the increased number of placement changes experienced by probation youth. Probation data indicated that the number of youth in relative placement decreased during the past two years. It is further understood that establishment of permanent family connections is very important for youth whose family is in crisis, and the support of family can make a difference. Youth who have been removed from their home, and may not be able to return to their family, need physical, mental, and emotional support to ensure their well being. Placement with a suitable relative helps maintain family bonds and can substantially improve the chances for future success. It has also been found to reduce the number of youth who enter care as well as those who “age out” of foster care without a family.

2. Areas Needing Improvement

The following areas were identified as needing improvement through the course of the CSA process.

- **Service Array.** Focus groups and stakeholders alike noted uneven service array in the County’s six HHSA regions. While tailored services are beneficial to San Diego’s diverse populations, a threshold of services should be uniformly available across the County.
- **Regional service approach.** Due to the relative autonomy of each region, each region has developed its own “culture” that impacts services. East County, for example, was widely mentioned as a collaborative community, with deep community ties. Other region’s services were less connected resulting in a lack of communication and a fragmented system.
- **Collaboration and communication between sectors.** Stakeholders and parents alike mentioned the need to improve service integration through improved communication, collaboration, and joint planning. Examples included one-stops (single-point of service

delivery), Team Decision Making models, and increased information exchange for providers about services and clients. This collaboration should be improved between sectors (public and nonprofits) as well as between disciplines (courts, child welfare services, probation, and law enforcement).

- **Community outreach and engagement.** Stakeholders and focus group participants noted that CWS and its partners do not do enough community outreach and relationship building. Building bridges with the community, through public service announcements, speaker's bureaus, and community workshops will highlight the supportive role that CWS can play in prevention efforts.
- **Increased access to financial assistance and basic needs.** Whether children are placed with foster parents or kinship caregivers, access to financial assistance, childcare/respite, and basic needs (e.g., food, transportation) were listed as service gaps. Placement stability and reunification may be jeopardized without sufficient, timely access to support services.
- **Group homes.** Stakeholders and youth alike noted that group homes' approach to care and supports do not promote stability. Issues of staff quality, the need to "naturalize" group home environments, and utilizing a trauma informed care model were noted.

For Juvenile Probation, the areas needing improvement include:

- A clear process for identifying the most appropriate relatives for potential placement of delinquent wards, to improve placement stability and reduce the number of placement changes.
- The need for a clear process for relative/NREFM placement.
- Understanding of the placement process by staff at all levels of the relative placement process.
- Need for ancillary services by public and private entities to improve outcomes in placement stability.

3. Strategies for the future

- **Establish a service array threshold.** Identify the basic service components that must be present in each region to ensure that families have access to services.
- **Develop collaboration between sectors and families.** Enhance Team Decision Making (TDM) strategies and increase ongoing collaboration between county, community-based services, and families. If done effectively, the services that support the family will be more streamlined, efficient, and connected. An example of this is the partnership between CWS and YMCA Youth and Family Services to provide Family Group Conferencing (FGC) to CWS families. The YMCA applied for and received federal funds for a three-year Family Group Conferencing demonstration project which is expected to begin providing FGG in January 2012.
- **Increase home visitations.** Stakeholders ranked home visitations among the top effective strategies to increase both prevention and reunification. CWS should continue to support

these programs as well as look for opportunities to expand these services, or link to existing home visitation services underway in the community (such as public health nurse visits).

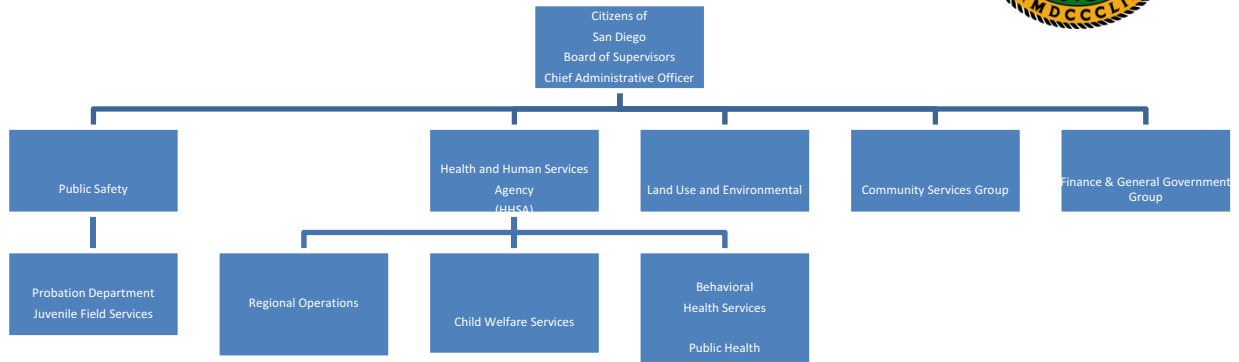
- **Increase wraparound services.** Stakeholders also ranked the wraparound services among the most effective prevention and reunification services. Wraparound services speak to the need from strong collaboration and coordination with other systems and services as well as providing a continuum of care, from basic needs and social supports to health and mental health services. This integration of services is a key element of *Live Well, San Diego!*.
- **Identify opportunities to link systems.** Based on comments about the need to streamline services, increase collaboration, and reduce service duplications, CWS should consider how to be involved in the health information exchange and a social service community exchange being developed within the County through *Live Well, San Diego!*. These processes are linking appropriate client-level data to create a central information source of services to streamline services, identify service gaps, and provide comprehensive care to families.
- **Pursue a broad-based community engagement campaign.** To increase CWS' role in preventing entry into the CWS system, CWS should be more visible in the community through broad-based media campaigns and on-the-ground community partnership processes such as involving community members in program design and implementation (stakeholders noted that expanding existing models such as Parents as Partners, youth peers mentors, and engaging community leaders).

Probation's strategies include:

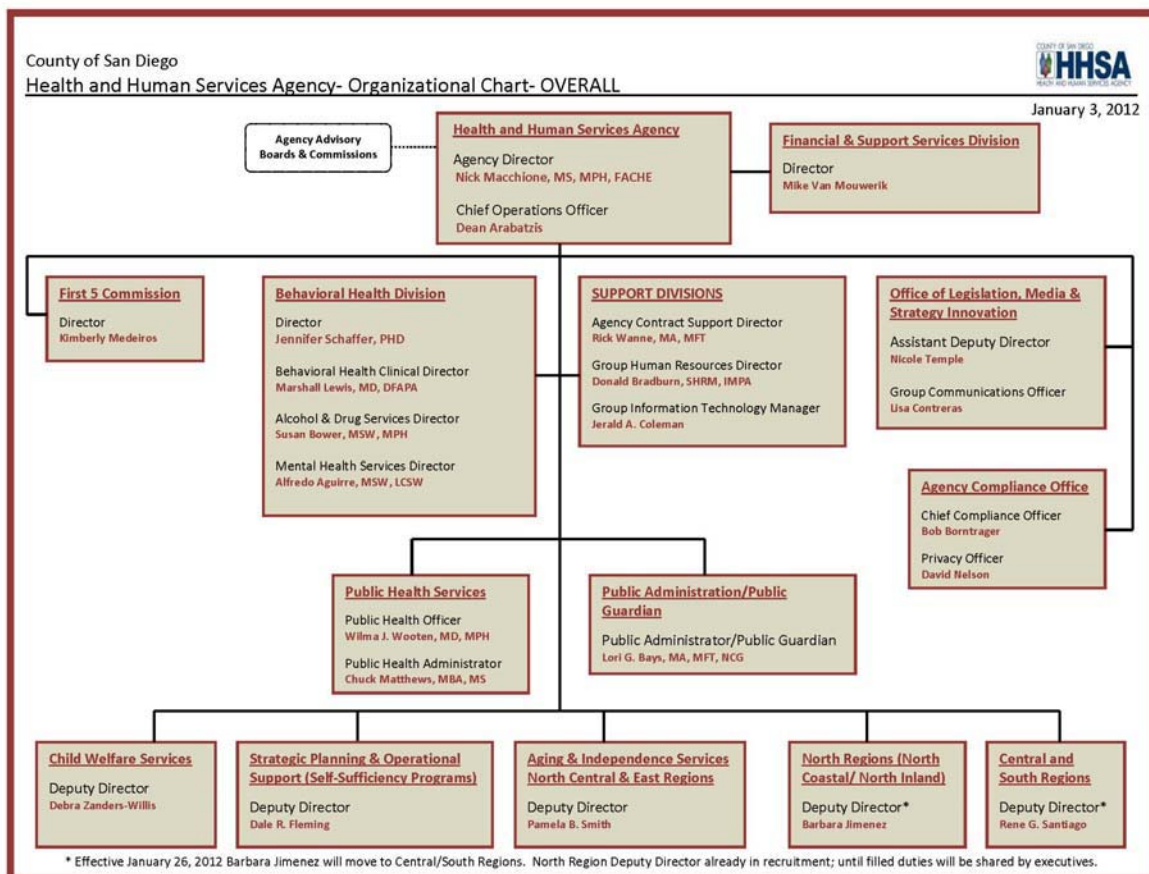
- Comprehensive training for probation officers in the Intake and Investigations division regarding family connections and the relative/NREFM process.
- Strengthening the placement process in the Placement Unit to increase chances for success.
- Training for staff in Juvenile Supervision and the Breaking Cycles program on the placement process.
- Increased collaboration with public and private partners to secure placement services and improve placement stability. This increased collaboration includes wraparound services, kinship services and family based community resources.

Appendix A: HHSA Organizational Chart

County of San Diego Organizational Chart

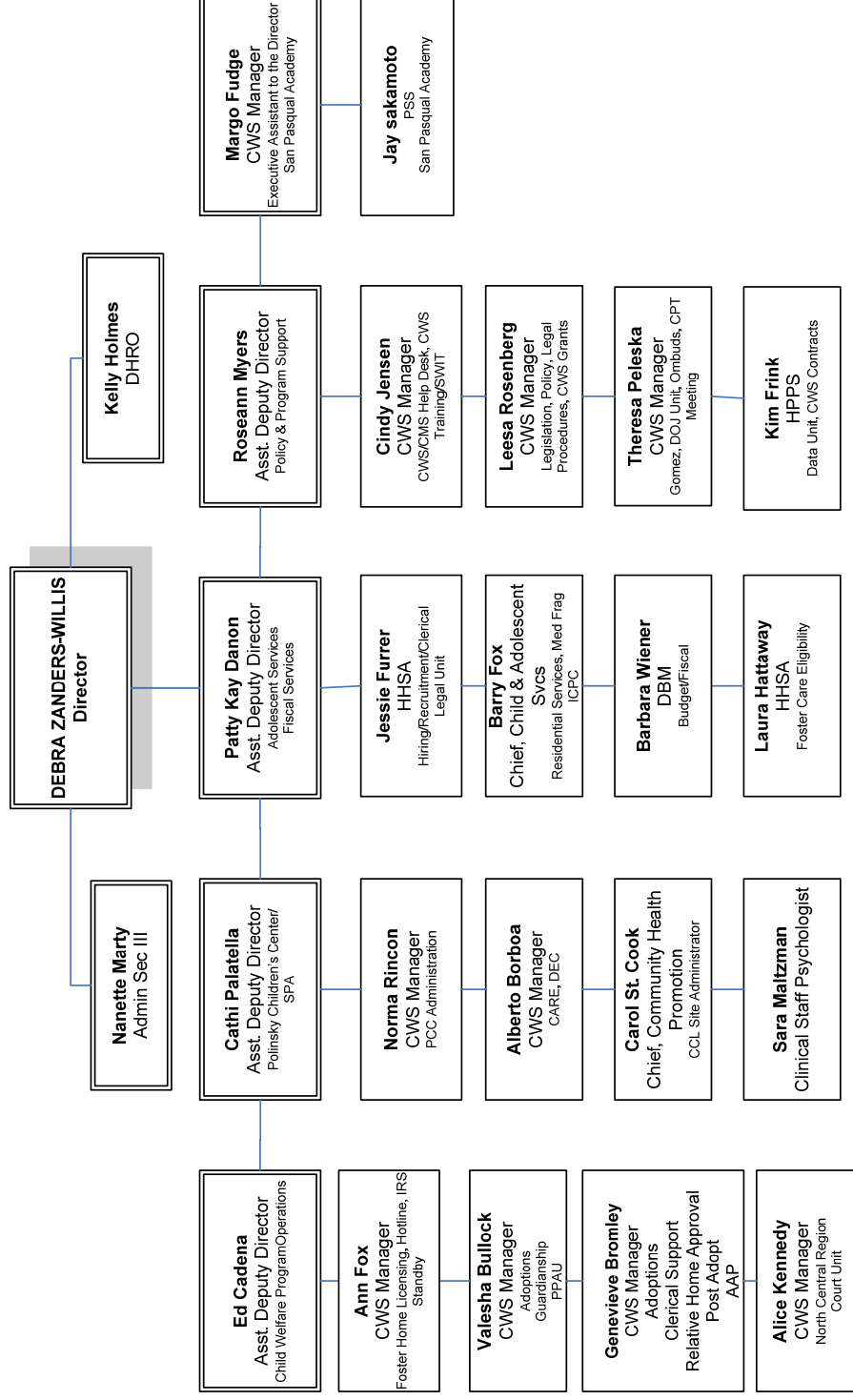


HHSA

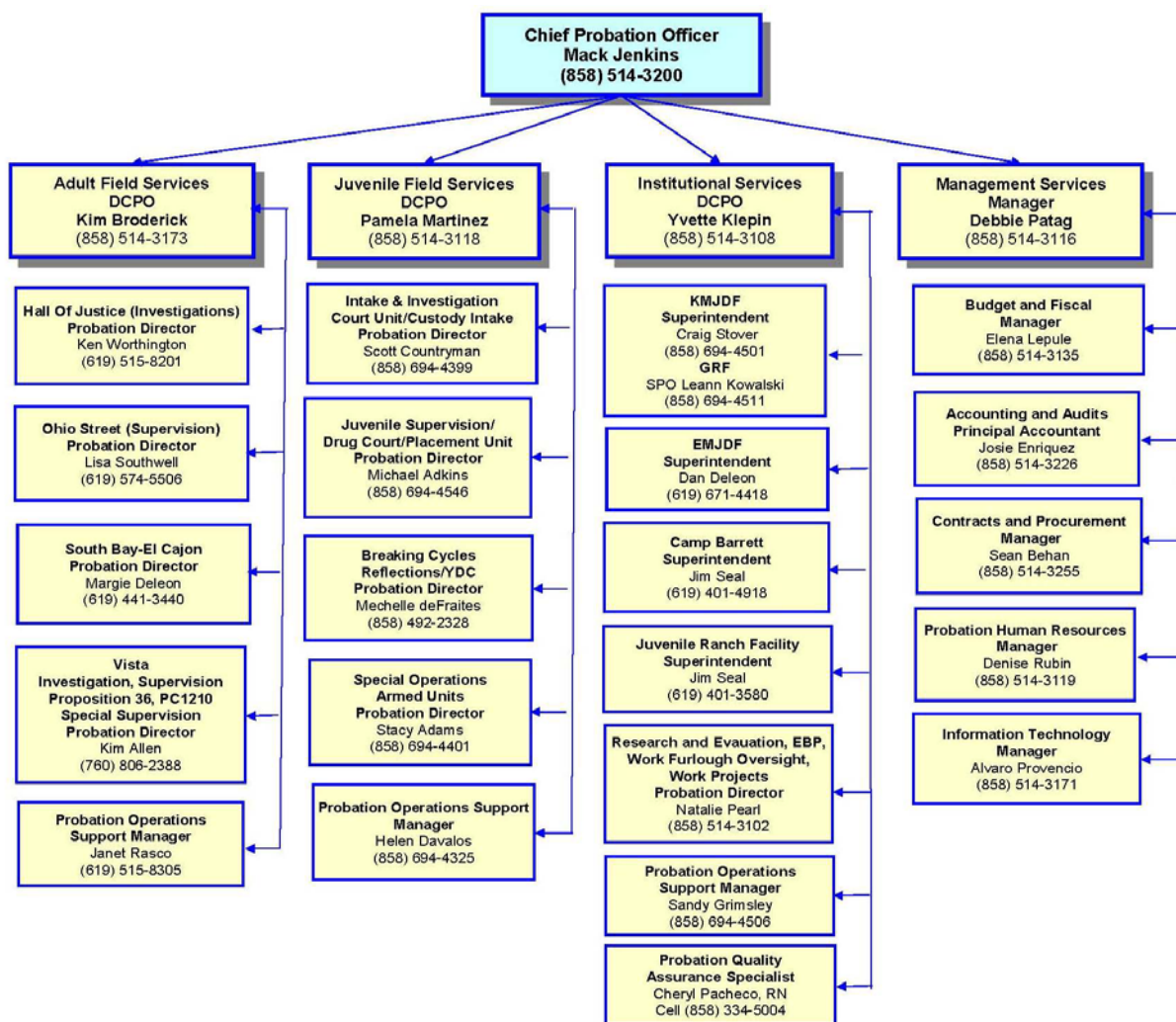


Child Welfare Services

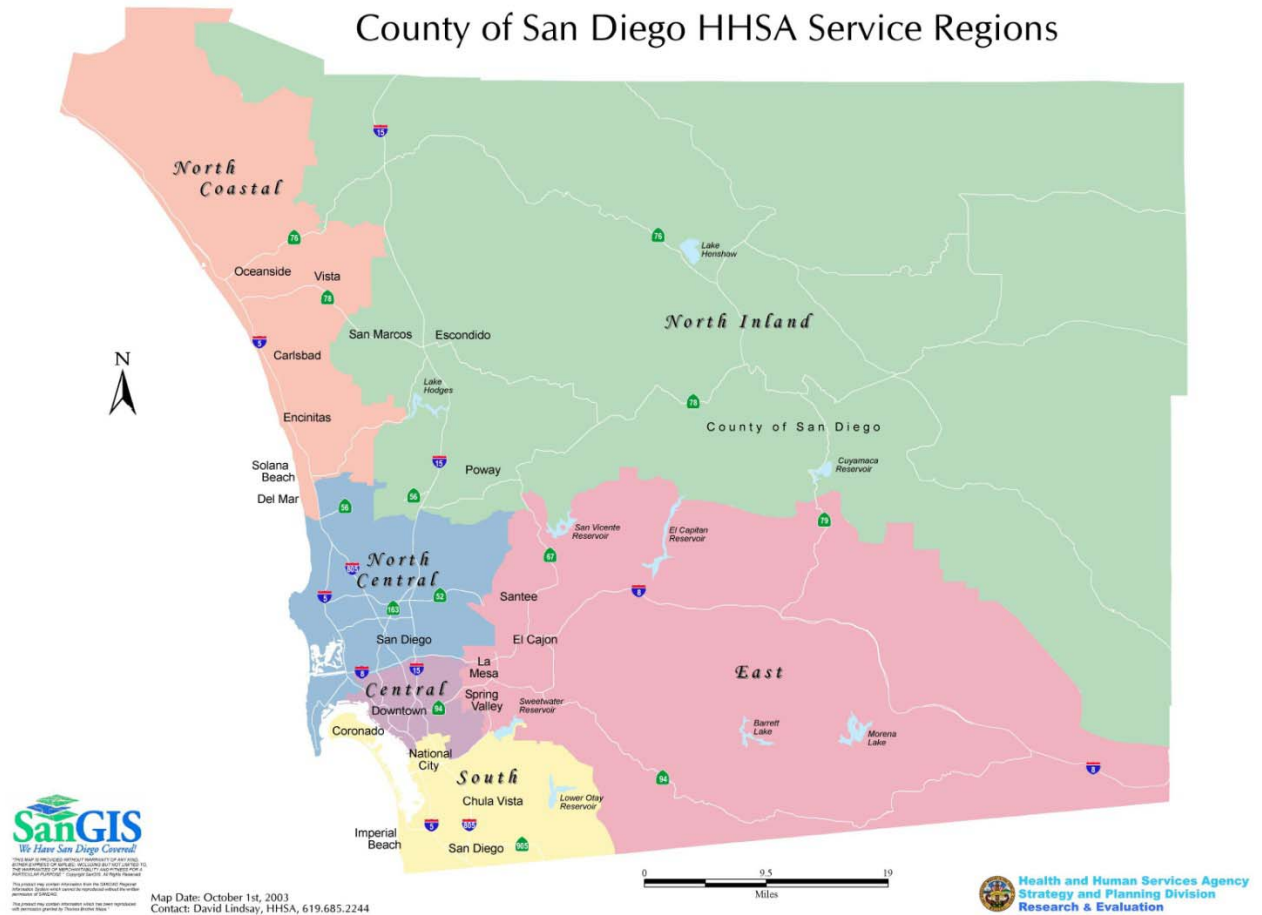
Organizational Chart



Probation



Appendix B: San Diego County Regional Map



Appendix C: County Self Assessment Team

Organization	Name
Child Welfare Services	Roseann Myers
	Leesa Rosenberg
	Luis Fernandez
	Kim Frink
	Patricia Hoyt
	Becky Kennedy
	Stephanie Lawson
Probation	Leah van Lingen
	Pablo Carrillo
Commission on Children, Youth and Families (CCYF)	Tonya Torosian
	Harold Randoph
Harder+Company Community Research (facilitation, data collection, and report support)	Jennifer James
	Cristina Magaña
	Amy Panczakiewicz

Appendix D: County Self Assessment Attendees

Organization	Name
California Department of Social Services, Children and Family Services Division	Julie Cockerton Kelly Winston
Casey Family Programs	Cecilia Banuelos Jorge Cabrera Lucia Hermens Melissa Proctor Mercedes Tiggs Lisa Tange
Chadwick Center for Children and Families—Rady Children’s Hospital	Alison Hendricks Lisa Conradi
Children’s Initiative	Paula Ingram
Coronado Police Department	Sherri Gilman
HHS, Child Welfare Services	Alfredo Guardado Becky Kennedy Catherine Chase Connie Cain Dawn Schoonhoven Jennifer Sovay Judy Benson Kathy Jackson Kim Frink Leah Jenkins Leah Van Lingen Leesa Rosenberg Luis Fernandez Martha Velazco Patti Hoyt Robin Thompson Roseann Myers Sara Maltzman Stephanie Lawson Toni Torres Wendy Curiel
Commission on Children, Youth, and Families (CCYF)	Harold Randolph Tonya Torosian
Dependency Legal Group	Robert Gulemi
District Attorney Office	Giacomo “Jack” Bucci
Family and Youth Round Table	Steve Cooper Donna Marto

FIT—MHS Family Recovery Center	Trish Fiamengo
Grossmont Community College	Nory Behana
Grossmont Union High School Foster Care Liaison	Jennifer Mendell
HHSA, Alcohol and Drug Services (ADS)	Jean Avila
	Alfredo Guardado
	Becky Kennedy
	Catherine Chase
	Connie Cain
	Dawn Schoonhoven
	Jennifer Sovay
	Judy Benson
	Kathy Jackson
	Kim Frink
	Leah Jenkins
HHSA, Child Welfare Services	Leah Van Lingen
	Leesa Rosenberg
	Luis Fernandez
	Martha Velazco
	Patti Hoyt
	Robin Thompson
	Roseann Myers
	Sara Maltzman
	Stephanie Lawson
	Toni Torres
	Wendy Curiel
HHSA, Strategic Planning and Operations Support (SPOS)	Richele Swagler
Homestart, Inc.	Joyce Dickau
Housing and Community Development	Dolores Diaz
	Darla Schmidt
Indian Health Council, Inc.	Halona Sheldon
Juvenile Court	Marilou Alcantar
	Hon. Cynthia Bashant
Juvenile Forensics	Tim Gillick
	Pablo Carrillo
	Danielle Paulin
Juvenile Probation	Kristen Coburn
	Tracey Willis
	Michael Adkins
LGH/FFA Forum	Tamara Fleck-Myers
Mi Casa Group Homes & Daybreak FFA	JoAnn Leone
North County Foster Family Association	Patty Boyles
Office of County Counsel	John Philips
PHS/National Child and Family Health Services	Amethyst Cureg, MD, MPH
	Anita Secor
Public Child Welfare Training Academy	Donna Pence

San Diego County Office of Education FYHES	Michelle Lustig
San Diego Foster Family Association	Pam Sokol
SDLL—Special Families FFA	Stewart Holzman
San Diego Regional Center	Nina Garrett
San Diego Unified School District	Pamela Hosmer
Social Advocates for Youth (SAY) San Diego	Laurie Rennie Shannon Throop
San Diego Youth Services	Ilene Tibbitts
South Bay Community Services	Karla Ledesma Valerie Brew (CSF) Rachel Morineau
United Way	Carol Williams Aimee Zeitz
Voices for Children	Freya Gordon Shyle Lyons
YMCA	Danielle Zuniga (Kinship Navigator) Tina Williams (Youth and Family Services) Dori Gilberts (Youth and Family Services)

Appendix E: Stakeholder Survey

1. Please select a box below that best describes you?

- | | |
|--|--|
| <input type="radio"/> Community Based Agency | <input type="radio"/> Attorney (Parent or Child) |
| <input type="radio"/> CWS Social Worker/Supervisor/Mgr | <input type="radio"/> Foster Youth (current or former) |
| <input type="radio"/> Other Public Agency | <input type="radio"/> Law Enforcement |
| <input type="radio"/> Parent | <input type="radio"/> Substitute Caregiver |
| <input type="radio"/> Superior Court Personnel | <input type="radio"/> County Counsel |
| <input type="radio"/> Other: _____ | |

2. What are the **3 most effective services** you think prevents children from entering the Child Welfare System (CWS)? (SELECT ONLY 3)

- | | |
|--|---|
| <input type="radio"/> In-home support, home visits | <input type="radio"/> Recreational programs |
| <input type="radio"/> Parental education, support group | <input type="radio"/> School based programs |
| <input type="radio"/> Wraparound services | <input type="radio"/> Job training & assistance |
| <input type="radio"/> Substance abuse programs/ drug court | <input type="radio"/> Assistance for stable housing |
| <input type="radio"/> Individual/family therapy/counseling | <input type="radio"/> Family Meetings (E.g. TDM) |
| <input type="radio"/> Other _____ | |

3. What are the **3 most effective services** that you think help families reunify? (SELECT ONLY 3)

- | | |
|---|---|
| <input type="radio"/> In-home support, home visits | <input type="radio"/> Domestic Violence Programs |
| <input type="radio"/> Parental education or support group | <input type="radio"/> School based programs |
| <input type="radio"/> Wraparound services | <input type="radio"/> Job training & assistance |
| <input type="radio"/> Substance abuse programs/drug court | <input type="radio"/> Assistance for stable housing |
| <input type="radio"/> Individual/family therapy/ counseling | <input type="radio"/> Family Meetings (E.g. TDM) |
| <input type="radio"/> Parent child visitation | <input type="radio"/> Other _____ |

4. Which of the following do you think may hinder or delay reunification for families? (SELECT UP TO 3)

- | | |
|---|--|
| <input type="radio"/> Excessive (Ineffective) case plan goals | <input type="radio"/> Wait list for services |
| <input type="radio"/> Lack of parent engagement | <input type="radio"/> Lack of Financial resources |
| <input type="radio"/> Court Process | <input type="radio"/> Lack of social/family support |
| <input type="radio"/> Social Worker practice | <input type="radio"/> Lack of understanding the system |
| <input type="radio"/> Parent's limitations | <input type="radio"/> Lack of transportation |
| <input type="radio"/> Insufficient housing | <input type="radio"/> other: _____ |

5. Which do you think are the **3 most effective services** to increase placement stability for children in out of home care? (SELECT UP TO 3)

- | | |
|--|---|
| <input type="radio"/> Foster Parent Training and Support | <input type="radio"/> Kinship training and support |
| <input type="radio"/> In-home support | <input type="radio"/> Recreational activities |
| <input type="radio"/> Wraparound services | <input type="radio"/> Relative search/family finding |
| <input type="radio"/> Parent Child Visitation | <input type="radio"/> Sibling contact/visitation |
| <input type="radio"/> Family Meetings (E.g. TDM) | <input type="radio"/> Respite |
| <input type="radio"/> Child Care | <input type="radio"/> Behavioral/mental health services |
| <input type="radio"/> Special Care Rate | <input type="radio"/> Supportive educational setting |
| <input type="radio"/> Other _____ | |

6. The State and counties carry out activities to make sure quality services are available to children and families in the child welfare/juvenile probation system. Which of the following activities are you aware of? (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="radio"/> System Improvement Plan | <input type="radio"/> Licensing of foster providers |
| <input type="radio"/> Peer Quality Case Review | <input type="radio"/> Foster Care Ombudsman |
| <input type="radio"/> Fairness and Equity | <input type="radio"/> Child Death Review Committee |
| <input type="radio"/> Child Abuse Prevention Committee | <input type="radio"/> Judicial Council reviews |
| <input type="radio"/> Foster Care Eligibility Audits | <input type="radio"/> Department of Justice Reviews |

7. Do you think that your input (opinions/ideas/concerns) regarding the child welfare/juvenile probation system is solicited by the County of San Diego?

- ☐ Always ☐ Most of the time ☐ Sometimes ☐ Never

8. Do you think that your inputs (opinions/ideas/concerns) regarding the child welfare/juvenile probation system are heard by the County of San Diego?

- ☐ Always ☐ Most of the time ☐ Sometimes ☐ Never

9. If you have opinions, ideas or concerns regarding your local child welfare services or juvenile probation department do you know who to contact?

- ☐ Yes ☐ No

10. What do you see as the **three most critical systemic factors** for the County Self Assessment (CSA) to address over the next five years (SELECT ONLY THREE)?

- | | |
|---|--|
| <input type="radio"/> Agency Collaborations | <input type="radio"/> Case Review System |
| <input type="radio"/> Foster/Adoptive Parent Licensing | <input type="radio"/> Quality Assurance System |
| <input type="radio"/> Service Array | <input type="radio"/> Training |
| <input type="radio"/> Management Information System (MIS) | <input type="radio"/> Other: _____ |

11. What do you see as the **three most critical** opportunities for the CSA to have greatest impact over the next five years?

1. _____
2. _____
3. _____

Appendix F: Stakeholder Survey Results

Respondents to the stakeholder survey were also asked to rate the top three areas of focus for the CSA. Two-thirds of respondents (66.0%) indicated the focus should be on agency collaboration. This response was followed by a focus on training (52.8%), service array (49.1%), and quality assurance (45.3%). Other less popular responses included a focus on the case review system (28.3%) and foster/adoptive parent licensing (26.4%).

CSA Priority Area	Number	Percent
Agency Collaborations	35	66.0%
Training	28	52.8%
Service Array	26	49.1%
Quality Assurance System	24	45.3%
Case Review System	15	28.3%
Foster/Adoptive Parent Licensing	14	26.4%

A key focus of the stakeholder survey was to assess perceptions regarding the most effective services to prevent children from entering the foster care system, to help families reunify, and increase placement stability. Survey respondents were provided with a list of ten services/supports and asked to select the top three. The following three figures provide the most frequent responses to these questions. Regarding effective prevention services, two-thirds of respondents (67.9%) indicated home-based services such as in home support and home visits to be the most effective. This was followed by wraparound services (52.8%) and parental education including support groups (35.8%). Substance abuse programs and counseling services were rated as equally effective. Finally, family meeting including Team Decision Meetings (TDM) were rated as effective by one-fourth (24.5%) of respondents.

Effective Prevention Services	Number (n=53)	Percent
In home support, home visits	36	67.9%
Wraparound services	28	52.8%
Parental education, support groups	19	35.8%
Substance abuse programs/drug court	16	30.2%
Individual/family therapy/counseling	16	30.2%
Family Meetings (such as TDM)	13	24.5%

In regard to effective services to help families reunify, counseling, in home support, wraparound, and parent-child visitation were rated very similarly. For these four service types, responses ranged from 41.5% to 47.2%. Substance abuse programs and assistance for stable housing were also rated as effective but less so than the previously mentioned services.

Effective Reunification Services	Number (n=53)	Percent
Individual/family therapy/counseling	25	47.2%
In home support, home visits	24	45.3%
Wraparound services	23	43.4%
Parent child visitation	22	41.5%
Substance abuse programs/drug court	17	32.1%
Assistance for stable housing	12	22.6%

Regarding effective services to increase placement stability, respondents rated highly only three services types. Over half of respondents (56.6%) rated foster parent training and support as the most effective service to increase placement stability. This was followed by in home support (49.1%) and kinship services (41.5%). Wraparound services and recreation activities were also mentioned by less than one-fifth of the respondents.

Effective Services to Increase Placement Stability	Number (n=53)	Percent
Foster parent training and support	30	56.6%
In-home support	26	49.1%
Kinship training and support	22	41.5%
Wraparound services	9	17.0%
Recreational activities	7	13.2%

Appendix G: Focus Group Protocol

Target Audience: Family members recently involved with CWS, family members recently involved with Juvenile Probation, and interested community members.

IF NOT ALREADY INTRODUCED: My name is _____ and this is _____. We work for Harder+Company Community Research, a consulting firm that is collecting information regarding San Diego County Child Welfare Services (CWS) and Juvenile Probation Services.

Today we are going to meet as a group for about two hours. The first 10 minutes will include an overview CWS and Probation and the CSA process. We will use the remainder of the time to talk as a group about your experience with the services you receive (d) from San Diego County CWS and Juvenile Probation. If you have not had any direct involvement with either of these agencies, we would still appreciate your input. You may have different experiences but share an interest in the system as a whole and we need your input in order to improve the important work CWS and Juvenile Probation do to protect the well-being of children and families. You're the experts here! You know your experience best and we are here to listen to you. If any of the questions or terms we use are unclear or different from what you use, please let us know so we can make sure we are all on the same page.

Everything you say today is completely confidential. **The only exception is if someone shares thoughts or plans about hurting themselves or others.** Otherwise, your name will not be attached to what you say and will never be reported in a way that could identify you. The information that you provide will be shared confidentially (without using your name) with managers and staff to improve CWS services. In any publication, information shared by you will be identified as received from families served by CWS. With these things in mind, we encourage you to be open and honest today. Your time and input is really valuable; thank you for sharing it with us.

Please make yourself comfortable.

[Overview of CWS and Probation is presented]

Begin focus group discussion

If it is alright with everyone, we would like to record the conversation. We want to be sure we note down everything you say and that we get it right!

Before we get started I'd like to suggest some guidelines for our conversation today:

- There are no right or wrong answers.
- Everyone has an equal chance to speak.

- Every opinion counts – we are going to respect what everyone says.
- Please do not interrupt one another. It is important that you speak one at a time since _____ is going to be taking notes and that is impossible if we're talking all at once!
- What's said here stays here meaning please don't share what you hear with anyone outside this room.
- What's said here does not affect the services you receive from CWS
- How do those guidelines sound to everyone? Can we agree to those for today?

Finally, before we get started, does anyone have any questions?

We would like to start out by asking you for your first name so that we can get familiar with each other. (Note down name and assign ID). Also, we have a one page quick survey that has some additional questions that will help us in gathering input for the CSA process. We will ask you to complete the survey prior to leaving the meeting today. [Respondents complete survey prior to leaving the focus group. Focus group assistant is responsible for ensuring respondents return completed form.]

OVERALL EXPERIENCE

1. From your experience, what did you find most helpful about the social worker and/or probation staff involved with your family? This can include things like the way they explained your case to you, the way they spoke to your child(ren), or the way they handled your case overall, etc.
2. Can you tell me how you were involved in deciding the **placement decisions** of your child(ren)?
 - a. Can you tell me how you were involved in deciding the **reunification decisions** of your child(ren)?
 - b. What should CWS and /or probation have done differently?
3. In your opinion, what can be done by CWS social workers and/or probation to have more effective visitation sessions?
4. In your opinion, how can CWS social workers and/or probation staff work better and increase trust with families or the community?

SERVICE ARRAY

5. What services do you believe are **most** helpful to families and your community?
[Note to facilitator, use the following prompts if no response from participants]
 - a. What services are needed to improve placement decisions?
 - b. What services are needed to improve family reunification?
 - c. What services are needed to improve family visitation sessions?
6. What services do you believe are **least** helpful to families and communities?
7. In addition to the services you received were there any other services that you believe would have been more helpful that were not provided?
 - a. [PROBE] What services are lacking in your community?
8. How does the community see the services provided by CWS and/or Probation?

9. If you could improve anything about CWS and Probation services what would it be?

COLLABORATION

10. Do you feel there is good communication across the agencies that serve families such as behavioral health, CalWorks, CWS, Probation, schools, etc? ?
 - a. Do you think families are getting similar services from different agencies because of poor coordination between agencies?
11. What can be done by agencies that serve families to improve the health of families and your community? (Live well question)?
12. Anything else that you would like to add that we have not already talked about?

CLOSING

Provide information on how focus group participants can stay involved in the CSA process

Appendix H: Focus Group Summary Results

Key Themes	Working Well	Needs Improvement	Recommendation
Placement	<ul style="list-style-type: none"> • Involvement of extended family members • Foster parents with commitment to family reunification • Efforts by CWS staff to reach reunification goals 	<ul style="list-style-type: none"> • Relative home approval process • Placement of children within or close to their communities 	<ul style="list-style-type: none"> • Improve sibling connections* • Place children near their home (especially salient for tribal communities) • Increase placement resources and information to families
Reunification	None listed	<ul style="list-style-type: none"> • Lack of clarity regarding reunification/placement plans 	<ul style="list-style-type: none"> • Increase parental engagement in the reunification plan • Increase participation of NEFRM in reunification plan
Visitation	None listed	<ul style="list-style-type: none"> • Expectations for parental behavior during visitations • Visitation services (costs, policies, scheduling, transportation, access) 	<ul style="list-style-type: none"> • Encourage sibling visitations* • Parents training and education on parent child interactions during visitation • Create more natural setting for visitations
Collaboration	<ul style="list-style-type: none"> • Collaboration between family and CWS staff • Communication and support 	<ul style="list-style-type: none"> • Lack of transparency or communication about how the system works 	<ul style="list-style-type: none"> • Increase outreach activities to communities • Provide a way for families to give feedback about their experience • More coordination between school districts, organizations and health centers
	<ul style="list-style-type: none"> • Access to outside resources and supports 	<ul style="list-style-type: none"> • Consistency in service delivery across programs and regions 	<ul style="list-style-type: none"> • Resources for TAY youth (ILS, tutoring, housing, sports, job

* Youth-specific recommendation

Key Themes	Working Well	Needs Improvement	Recommendation
Service Array	<ul style="list-style-type: none"> • Kinship Navigator services • Parenting classes • Dual diagnoses programs 	<ul style="list-style-type: none"> • Mental health services • Services for fathers that promote involvement with children • People with low literacy are unable to read the information given 	skills)* <ul style="list-style-type: none"> • Standardize services/supports across county • Increase aftercare services for families and their children • Tailor services to level of family need • Provide more information and reach out to more families
Staff Support	<ul style="list-style-type: none"> • Positive attitude toward family 	<ul style="list-style-type: none"> • Staff training (lack of trust) • Staff case loads • Staff change/turnover 	<ul style="list-style-type: none"> • Increase staff trainings (including respect and responsiveness, cultural sensitivity and competency, knowledge of cultural and familial dynamics issues, dual diagnosis)
Family/youth support	None listed	<ul style="list-style-type: none"> • Educating families and Indian Health Council on CWS policies 	<ul style="list-style-type: none"> • Every youth will have a meaningful connection to a supportive adult* • Training and mentoring on healthy relationships • Parity in resources/services for kinship families • Financial resources for families and youth • Educational support for youth*
Legal	<ul style="list-style-type: none"> • Involvement of Indian Health Council 	<ul style="list-style-type: none"> • Clearing of criminal records 	<ul style="list-style-type: none"> • Courts should consider family input regarding placement decisions

* Youth-specific recommendation

Appendix I: Stakeholder Meeting Results

All Stakeholder Meeting Results are presented in descending order of response frequency.

Placement Stability

<p>How can foster parents be supported to increase placement stability?</p>	<p>Services in place and working well</p> <ul style="list-style-type: none"> • Support groups, Navigators and Mentors • Respite/Childcare • Pre-placement assessment or services • Prescription and mental health support • Sibling relationships/placement • Social Worker supports • Foster parents as Partners • Court process or communication 	<p>Services in place but gaps have been identified</p> <ul style="list-style-type: none"> • Foster parents as Partners • Respite/Childcare • Financial Assistance/Basic Needs • Social Worker supports • Visitation support • Pre-placement assessment or services • Court process or communication • Prescription and mental health support • Support groups, Navigators and Mentors • Tension: quicker vs. appropriate placements • Training for foster parents 	<p>Services missing</p> <ul style="list-style-type: none"> • Financial Assistance/Basic Needs • Foster parents as Partners • Support groups, Navigators and Mentors • Tension: quicker vs. appropriate placements • Prescription and mental health support • Court process or communication • Respite/Childcare • Social Worker supports • Visitation support • Training for foster parents • Sibling relationships/placement
<p>How can relative caregivers be supported to increase placement stability?</p>	<p>Services in place and working well</p> <ul style="list-style-type: none"> • In home support/ wraparound/Team Decision Making • Respite/Childcare • Navigation • Caregiver Training • Biological Family Visits 	<p>Services in place but gaps have been identified</p> <ul style="list-style-type: none"> • In home support/ wraparound/Team Decision Making • Financial Assistance/Basic Needs • Pre-placement support • Support Groups • Navigation • Caregiver Training • Respite/Childcare • System Integration 	<p>Services missing</p> <ul style="list-style-type: none"> • Respite/Childcare • Financial Assistance/Basic Needs • Caregiver Training • In home support/ wraparound/Team Decision Making • Pre-placement Support • Mentors • Support Groups • System Integration • Navigation • Biological Family Visits

What supports placing siblings together?

Services in place and working well

- Placement Infrastructure
- Visitation and activities between siblings
- Camp Connect
- Relative caregivers

Services in place but gaps have been identified

- Mental Health support
- Visitation and activities between siblings
- Placement Infrastructure
- Caregiver training
- Policy/regulation review
- Camp Connect
- Recruit foster parents who accept sibling groups
- Relative caregivers
- Respite & Support
- CASA

Services missing

- Financial Assistance/Basic Needs
- Policy/regulation review
- Visitation and activities between siblings
- Caregiver training
- Recruit foster parents who accept sibling groups
- Respite & Support
- Placement Infrastructure
- Mental Health support
- CASA

What supports do youth need to maintain placement stability in a group home (or move to a lower level of care) so that they don't get moved from group home to group home?

Services in place and working well

- Wraparound and Mental Health services
- Consistency or connections between services and environments
- Group Home staff improvements
- Mentoring
- Transition support

Services in place but gaps have been identified

- Natural/home settings in Group Homes
- Wraparound and Mental Health services
- Group Home staff improvements
- Transition support
- Link to outside activities
- Trauma focused
- Review Levels of care
- Mentoring
- Consistency or connections between services and environments
- Connections to families and foster families

Services missing

- Connections to families and foster families
- Match service to child's needs
- Group Home staff improvements
- Mentoring
- Wraparound and Mental Health services
- Trauma focused
- Transition support
- Review Levels of care
- Consistency or connections between services and environments

Reunification / Prevention

<p>What facilitates successful reunification?</p>	<p>Services in place and working well</p> <ul style="list-style-type: none"> • Relative and extended family support • TDM related • Biological to foster family connections • Models • Caregiver education • Parent Partners • Placements • Visitation • Treatment, substance abuse, mental health dual diagnosis (Trauma Informed) 	<p>Services in place but gaps have been identified</p> <ul style="list-style-type: none"> • Treatment, substance abuse, mental health dual diagnosis (Trauma Informed) • Visitation • Respectful Social Worker practice and engagement • Clarity of case plan • Basic needs • Models • Relative and extended family support • Biological to foster family connections • Transition support • TDM related • Parent Partners • Family Centered approach • Placements • Courts/Legal issues 	<p>Services missing</p> <ul style="list-style-type: none"> • Visitation • Basic needs • Clarity of case plan • Treatment, substance abuse, mental health dual diagnosis (Trauma Informed) • TDM related • Respectful Social Worker practice and engagement • Relative and extended family support • Courts/Legal issues • Family Centered approach • Models • Caregiver education • Transition support • Biological to foster family connections • Placements
<p>How do social workers and probation officers support successful reunification?</p>	<p>Services in place and working well</p> <ul style="list-style-type: none"> • Approach and practices • Signs of Safety • TDM related • Social Worker caseload and responsibility • Parent engagement • Communication between Social Worker and parent • Improved service referral 	<p>Services in place but gaps have been identified</p> <ul style="list-style-type: none"> • Parent engagement • Social Worker training • Communication between Social Worker and parent • Approach and practices • Improved service referral • Social Worker caseload and responsibility • Clear case plan creation and tracking • Collaboration within and across system(s) • TDM related • Signs of Safety 	<p>Services missing</p> <ul style="list-style-type: none"> • Collaboration within and across system(s) • Social Worker caseload and responsibility • Clear case plan creation and tracking • Social Worker training • Approach and practices • Improved service referral • Parent engagement • Communication between Social Worker and parent

How does the visitation process support reunification?

Services in place and working well

- Increased, quality visitation
- Open communication
- Use of evidence-based models and approaches
- Contract continuity
- Social Worker practices

Services in place but gaps have been identified

- Increased, quality visitation
- Use of evidence-based models and approaches
- Increased parent engagement with child
- Staff training
- Quality parent child therapy approach
- Parent/caregiver education
- Open communication
- Increased parent support
- Contract continuity
- Social Worker practices

Services missing

- Quality parent child therapy approach
- Staff training
- Transition support
- Increased, quality visitation
- Social Worker practices
- Increased parent engagement with child
- Parent/caregiver education
- Use of evidence-based models and approaches
- Open communication
- Increased parent support
- Contract continuity

What practices prevent families from entering CWS?

Services in place and working well

- Awareness of community resources
- Parent support and education
- Community based services
- Parent partners
- Signs of Safety
- Broad based prevention
- Cross system collaboration
- Kinship
- Schools as partners

Services in place but gaps have been identified

- Basic needs
- Awareness of community resources
- Schools as partners
- Parent support and education
- Broad based prevention
- Parent Partners
- Community based services
- Cross system collaboration
- Kinship

Services missing

- Broad based prevention
- Basic needs
- Parent support and education
- Schools as partners
- Differential response
- Community based services
- Kinship
- Signs of Safety
- Awareness of community resources

What preventive services or practices support effective parenting?	Services in place and working well	Services in place but gaps have been identified	Services missing
	<ul style="list-style-type: none"> • Support existing specific programs • Parent support networks 	<ul style="list-style-type: none"> • Parent education • Support existing specific programs • Schools as nexus for services and information • Basic needs support • Broad based prevention • Family planning • Parent support networks 	<ul style="list-style-type: none"> • Broad based prevention • Parent education • Parent hotline • Family planning • Basic needs support • Parent support networks • Support existing specific programs

Collaboration and Community Engagement

Collaboration and Community Engagement	What needs to happen to better engage communities?	What areas need better collaboration?	Where is there effective collaboration?
	<ul style="list-style-type: none"> • Broad based community engagement • Specific partnership approaches • Media and PSAs • CWS approaches • School nexus • Increased provider collaboration • Trainings (families and providers) • Ongoing stakeholder communication • Funding • Enhance CWS staff 	<ul style="list-style-type: none"> • Population focused services • Intra-CWS coordination • CWS and courts • Streamline services • Training • Collaborate to provide family support • Regional collaboration • Transition-age youth • Centralized information and service models • CWS and law enforcement • School and CWS • Intra-HHSA coordination • Substance abuse and CWS • Immigration 	<ul style="list-style-type: none"> • Multi-agency collaborations • Individual organizations • East County specific • Intra-HHSA coordination • Education collaborations • Collaborative case management • Law courts • Populations • Tribal • Regional collaborations • Violence prevention • Foster parents • CWS/law enforcement

Appendix J: Commission on Children, Youth and Families (CCYF) Parenting Conference Evaluation

1.0=Poor / 2.0=Fair / 3.0=Average / 4.0=Above Average / 5.0=Excellent

Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
Teen	Empowering Teens and Parents with Positive Discipline Presenter: Lois Ingber	In our society, teens have the "bodies" of adults but the "status" of children, creating challenges for both teens and adults. Participants in this experiential workshop will learn how striving for belonging and significance motivates behavior, and how adults can encourage and empower teens (and themselves) by using the tools of kindness and firmness together, mutual respect, focusing on solutions together with teen's vs. Punishments/ rewards, and recovery from mistakes with dignity.	32	4.7	4.5	3.7	4.4	4.0	3.9
0-6 Teen	Positive Discipline for Developing Capable Young People (Part I & II) Presenter: Jane Nelsen	Learn 21 specific strategies for using behavior challenges as an opportunity to encourage your children and yourself to be the best you can be. Includes activities for "getting into the child's world" to experience what works long-term.	73	4.8	4.6	3.9	4.1	4.0	4.2

<ol style="list-style-type: none"> 1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions. 	<ol style="list-style-type: none"> 4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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1.0=Poor / 2.0=Fair / 3.0=Average / 4.0=Above Average / 5.0=Excellent

Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
Teen	“Bullying” What Every Parent Should Know Presenter: Mara Madrigal-Weiss	Participants will learn the definition of bullying, as well as the different types of bullying that exist. We will discuss what to do if a child is being targeted or engaging in bullying behavior. Participants will also learn how they can effectively work with their schools to prevent bullying on campus.	10	4.9	5.0	4.3	4.7	5.0	4.6
0-6	Transforming Everyday Family Activities into Learning Adventures Presenter: Sandra Silverman Grace Ko	Discover how to turn an everyday experience, such as eating at a restaurant, walking in the park, mailing a letter, or shopping at the grocery store into a learning adventure for young children! Learn fun, easy ideas to enhance children's learning and development through playful and meaningful experiences.	9	4.0	4.6	3.4	3.2	4.3	3.8

1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions.	4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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1.0=Poor / 2.0=Fair / 3.0=Average / 4.0=Above Average / 5.0=Excellent

Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
o-6	Consecuencias: Un Método de Disciplina que Desarrolla la Responsabilidad y Aumenta la Autoestima Presentador: Dr. Beatriz Villarreal (En Español)	Es un taller donde aprenderá como establecer límites, reglas, y consecuencias (sin tener que gritar, golpear, o decir groserías) en casa las cuales son necesarias para enseñar responsabilidad, honestidad, e independencia. Los padres aprenderán que son ellos los que tienen que estar listos para establecer este método de disciplina que enriquece la vida familiar y fomenta el respeto mutuo.	33	5.0	5.0	5.0	5.0	5.0	4.9
o-6 Teen	How Much is Enough? The Challenge of Overindulgence Presenters: Eileen Piersa Steve Dahl	As parents, we all want to give our kids the best of everything. What we don't understand is the long term impact of our good intentions when all the abundance we shower upon our kids crosses over into overindulgence. Learn the signs of overindulgence and what to do about it. Teach your children to be likeable, responsible and respectful – from toddlers to teens.	37	4.6	4.7	4.0	4.2	4.6	4.3

1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions.	4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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1.0=Poor / 2.0=Fair / 3.0=Average / 4.0=Above Average / 5.0=Excellent

Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
Teen	Money Doesn't Grow on Trees" Teaching Money Management to Your Kids! Presenters: Eileen Piersa Steve Dahl	Learn some resources, tips and tools for giving your children the greatest asset you can - money management! Did you know that one of the largest groups in bankruptcy is under the age of 25? It is never too early to teach your child money skills that they will use for the rest of their life. Teach them to earn, save, spend and share. Teens spend an estimated \$175 billion dollars a year and yet this wealthy generation lacks money management skills. 87% of college students and 90% of HS Students rely on their parents for financial guidance.	11	4.9	4.9	4.7	4.5	4.8	4.8
Teen	Bridging the Digital Divide: What parents Need to Know – Internet / Cyber Safety Presenter: Chuck Arnold	Face Book Fans and Texting Teens swim in the same waters as cyber bullies and predators. 93% of kids age 12 - 17 go online. 63% of teens say they know how to hide what they do online from their parents. Learn how you can help your kids make safer cyber choices.	3	5.0	5.0	5.0	5.0	5.0	5.0

<ol style="list-style-type: none"> 1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions. 	<ol style="list-style-type: none"> 4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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1.0=Poor / 2.0=Fair / 3.0=Average / 4.0=Above Average / 5.0=Excellent

Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
o-6	EDUCATION: I Got Ya Back! Being an Advocate for Your Child Presenter: April Gabrielle	One of the most important aspects that you want your children to gain from their education is to become independent, responsible learners. As parents, we cannot always rely on the educational system to teach our children everything nor how to move through it. Nevertheless we must become their strongest allies from pre-school to college we must remain proactive and involved, guiding and teaching them. Parents prepare yourselves to become a student all over again as you walk this path together with your child towards educational success!	6	5.0	5.0	5.0	5.0	5.0	5.0
Teen	Building Blocks to Help Teens Thrive! Presenters: Preneka Thomas Lucia Hermens	The Search Institute has identified at least 40 developmental assets believed to help teens grow to be healthy, caring, and responsible. Addressing the areas of positive youth development, prevention, and resiliency, these assets will be shared with participants in a fun and interactive presentation by a current social worker, and former public school teacher.	16	4.2	3.9	4.6	4.3	4.5	3.2

<ol style="list-style-type: none"> 1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions. 	<ol style="list-style-type: none"> 4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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1.0=Poor / 2.0=Fair / 3.0=Above Average / 4.0=Above Average / 5.0=Excellent

Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
	Como ser un Padre Eficaz de su Adolescente Presentador: Dr. Beatriz Villarreal (En Español)	Estas clases les ayudaran a entender y aprender estrategias para comunicarnos mejor con nuestros hijos, poder ayudarles y enseñarles con diferentes estrategias los valores culturales, sociales, y morales que son armas esenciales para que sus hijos puedan tomar decisiones saludables e inteligentes. Los invito a participar en este taller que les abrirán los ojos, donde recibirán información actualizada de lo que pasa en nuestras comunidades, y ayudarles a poder formar jóvenes que tengan éxito en la escuela y en la vida en general	17	5.0	5.0	4.9	5.0	5.0	5.0
0-6	Infant Massage Presenter: Julia Conner, M.Ed., CEIM	Infant massage allows parents and infants a special opportunity to communicate love, compassion, acceptance and joy through respectful, gentle touch...the essence of nurturing parenting.	2	4.5	4.5	4.5	4.5	4.5	4.5

<ol style="list-style-type: none"> 1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions. 	<ol style="list-style-type: none"> 4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
0-6	Ingredients for a Good Start Presenter: Deborah Zaragoza	Focusing on infant feeding, the division of responsibility in feeding a toddler, the mealtime environment, and food portion amounts. It will also include practical tools to introduce new foods to your children and menu ideas.	6	4.3	4.8	3.8	3.8	4.3	4.5
0-6	Choosing Quality Child Care Presenter: Estrella Pacheco Kiana Maillet-Davis	Finding the right child care can be challenging but it is one of the most important decisions you will make. Learn about the variety of free services YMCA Childcare Resource Service provides to assist you with locating the right child care program. Knowing how to look for quality child care will help to ensure your child feels safe, nurtured, and supports your child's development.	9	4.7	4.8	4.7	4.7	4.9	4.8
0-6	Language to Literacy: Storytelling Presenter: Karen Hageman	Learn the importance of enhancing language development in children from birth to age four. Encourage strong attachments and positive everyday interactions with your child through literacy development. Lay a foundation for lifelong literacy and the love of books.	6	4.8	4.7	4.2	4.8	5.0	4.2

<ol style="list-style-type: none"> 1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions. 	<ol style="list-style-type: none"> 4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
Teen	The Two Hands of the Father (Parenting Teenagers in a Changing World) Presenter: Mark Spurlock, MFT	Using a child age specific approach to fathering children, Mark Spurlock discusses the needed adaptive role of the father in parenting teenagers. Discussing the "middle-school shift" of adolescent and teenagers, Spurlock outlines ways of having positive influence on the teenager who is more open to the outside influences during the teenage years.	5	4.2	4.4	4.4	4.2	4.2	4.4
	Fathering: The Importance of Male Parents in Child Happiness and Success Presenter: Adam Gettinger-Brizuela, MA, CATC	Recent research increasingly confirms what every human culture has known for millennia: Children need their fathers, as well as their mothers, in their lives to guarantee them the best chances of success and happiness. Far from being expendable, fathers play critical roles in child social and emotional development.	23	4.0	4.2	4.5	4.4	4.3	4.0

<ol style="list-style-type: none"> 1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions. 	<ol style="list-style-type: none"> 4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
	This Works!- Parenting Tools from the Positive Parenting Program Presenter: Michele Blumberg, M. Ed.	In this seminar series, parents will learn highly effective techniques for promoting discipline, competence, and resilience in their families. Positive Parenting is an evidence-based program used worldwide to provide parents with a "toolbox" of skills they can master and implement quickly and easily.	11	4.5	4.6	4.2	4.5	4.7	4.4
Teen	Truancy Issues Related to Parenting (Part I & II) Presenter: Judge Browder Willis, III Cyndi Jo Means Jeni Mendel Steve Fraire	This presentation will include information about the importance of school attendance for a child's future; the affect of full-day, period and even tardiness on the success of the process; the truancy laws in California; consequences to parents and minors for violations of the laws; and the Juvenile Court Truancy Court and process in San Diego, including available interventions, assistance and consequences.							

1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions.	4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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1.0=Poor / 2.0=Fair / 3.0=Above Average / 4.0=Above Average / 5.0=Excellent

Category	Title	Description	# EVALS	Q1	Q2	Q3	Q4	Q5	Q6
Teen	Prevenir el consumo de alcohol de menores en casa, en las carreteras, y en tu comunidad Presentador: Israel Harris (En Español)	Aprende como tu y tu adolescente pueden inscribirse en el programa gratis Start Smart presentado por el departamento de Sheriff's. La clase ensena responsabilidades y las consecuencias relacionadas con manejar imprudentemente, distraido o manejar incapacitado. También recibirás información acerca de la Ley de Licencia Provisional, Ordenancias Sociales del sistema Host, y formas para ayudar a tu adolescente a que haga decisiones correctas cuando maneje.							
Teen	Prevent Underage Drinking at Home, on the Road, and in Your Community Presenter: Deputy Dan Wilson	Learn how you and your teen can enroll in the free Start Smart Program taught by the Sheriff's Department. The class teaches responsibilities and the consequences related to reckless, distracted or impaired driving. You will also receive information about the Provisional License Law, Social Host Ordinances, and ways to help your child makes the right driving decisions.							

<ol style="list-style-type: none"> 1. This presentation was beneficial to participants. 2. Speakers were knowledgeable and interesting. 3. A sufficient amount of time was allotted for questions. 	<ol style="list-style-type: none"> 4. Answers to questions were clear and helpful. 5. Handout materials were relevant and practical. 6. Overall rating of this session/ presentation
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Appendix K: CSF Satisfaction Survey

Community Services For Families Customer Satisfaction Survey (All Regions)

For: July 2010 – June 2011

Total Surveys: 1182

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	No Response	Total Responses	% Strongly Agreed or Agreed
1. The services provided were easily accessible .	858	307	14	1	2	1182	99%
2. The services and/or referrals were useful or helpful .	876	284	17	4	0	1181	98%
3. The services provided met my needs .	865	289	26	1	0	1181	98%
4. Staff provided complete answers and information to meet my needs.	912	258	10	1	0	1181	99%
5. If a friend were in need of similar services, I would recommend this program.	940	220	19	3	0	1182	98%
6. The hours when services were provided were convenient for my family.	907	241	25	8	0	1181	97%
7. The location(s) of where services were provided were convenient for my family.	929	230	17	5	0	1181	98%
8. Staff was sensitive to my family's cultural needs and values.	901	244	29	2	1	1177	97%
9. Materials were available in my primary language .	932	218	26	6	0	1182	97%
10. The services I received helped me reduce my level of stress .	818	300	51	13	0	1182	95%
11. Overall I was satisfied with the services I received.	972	198	9	3	0	1182	99%

12. How can we improve the services provided:

Provide a hard copy of the book because copies were sometimes missing. Separate infant information would be helpful.

"Have weekend classes." "Have more classes!" "Buy lunch!" "A psychiatrist."

"Make the presentation more lesson oriented." "Keep serving." "Book and more materials."

A curriculum for large families.

Maybe provide transportation and counseling.

Offer more take home material

Possibly have someone on call for night questions or assistance. Other than that, it's all great.

Would like a current list of referrals.

Add more media and visuals to the curriculum.

Parenting classes should last longer

Would have liked more time, with case manager and parenting instructor.

Provide a family outing opportunity for CSF clients, on a monthly basis so we can find support in each other.

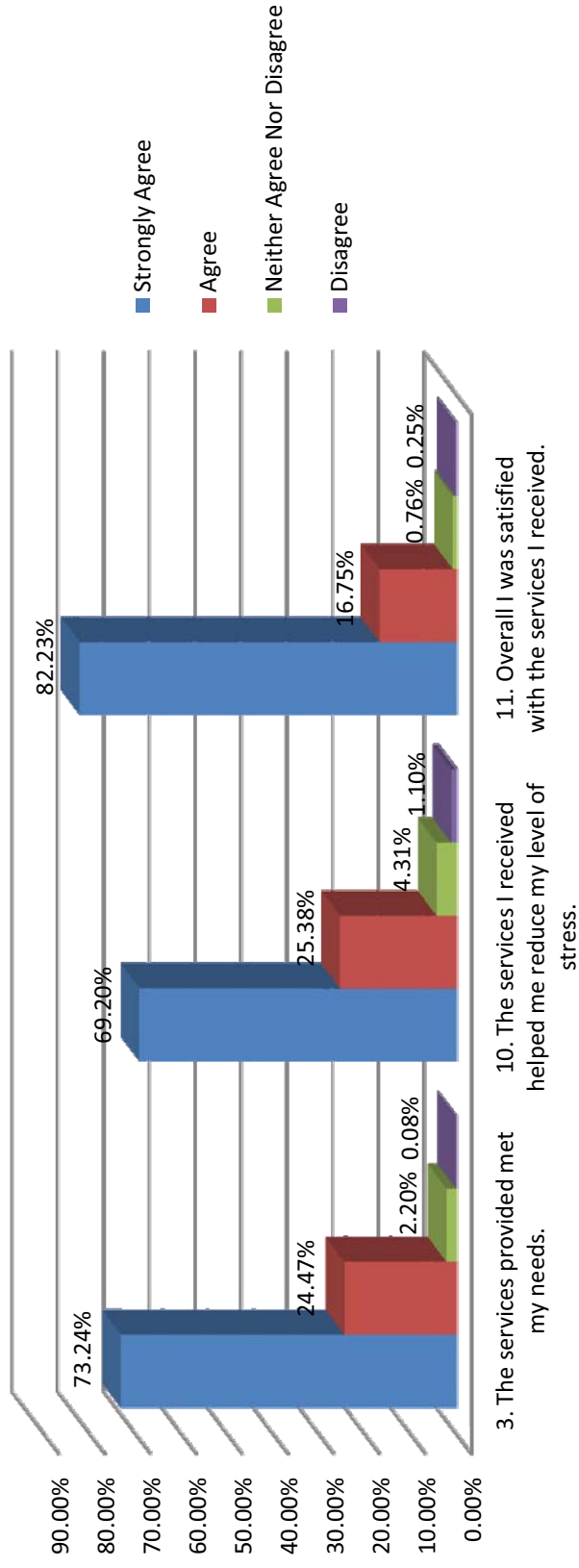
More parenting classes with more parenting ed instructors. We need more and want to continue.

Other other free services (Anger Management)

Have classes more often without so much wait time

More days during the week or provide online classes for more flexibility

Survey Satisfaction



	Percentages			
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree
Q3	73.24%	24.47%	2.20%	0.08%
Q10	69.20%	25.38%	4.31%	1.10%
Q11	82.23%	16.75%	0.76%	0.25%



Appendix L: Leap Satisfaction Survey

[leap]

The LEAP (Leadership Empowers All Possibilities) Council is a sub-committee of the Commission on Children, Youth and Families (CCYF) dedicated to supporting San Diego's former and current foster youth ages 13 and older.

LEAP assists its members in advancing youth leadership, advocacy and awareness by providing support, resources, social activities and volunteer activities so they can bring about positive change in the child welfare system and San Diego County.

[speak out]

Over a six month period, LEAP Council members conducted focus groups called "speak outs" with current and former foster youth at Polinsky Children's Center, group homes, foster family agencies and other venues. The goal was to have youth led conversations with current and former foster youth on issues facing foster youth and recommend solutions to achieve better outcomes.

Top Issues Expressed by Youth at Speak Outs

Sibling Separation

The majority of the youth had come into the system with siblings and had been split up from them over time.

Education

Many of the youth, 72.2%, have had between 6-10 or over 10 school placements while in the child welfare system. Issues with education for youth were almost as prevalent as the issues with siblings; however, youth felt that education occupied the most important need for change. As one youth put it, "Our education should be the highest priority for the county and above everything else."

Moreover, youth that have been in a public school as well as an onsite school for a group home usually believe that public school is the better of the two. Of 13 youth that have attended both forms of educational institutions, 100% of them prefer public school and have significantly more issues with schooling at group homes than public school.

Transitioning from Care to Independence

Transition from dependence on the child welfare system to independence is extremely difficult.

LEAP is a project supported by



[speak out]

Top Issues & Recommended Solutions Expressed by Youth*

Sibling Separation

- Youth find out their siblings are leaving at the last minute which is traumatizing.
- Siblings are not able to say goodbye which makes them feel angry and upset.
- "Separating siblings is as bad as separating us from our parents."
- There were no follow up services for those who were split up.

Youth Ideas for a Solution

- Find more foster families that take siblings, educate foster families about the importance of keeping siblings together, develop and launch a recruitment campaign for foster families to take sibling groups.
- Reduce the turnover rate for social workers, increase the number of quality social workers, increase pay and decrease case loads.
- Support building and sustaining relationships for youth with their biological parents/relatives. As they age, reassess placement options & support safe options of youth returning home after extended lengths in care.

Education

- Youth have expressed how multiple placements for school have negatively affected their learning and motivation.
- "It messed me up, I never got settled."
- "Didn't learn much, kept moving around, it was hard to learn how to read and write."
- "Group homes teach everyone at one grade level even though we are all at different grade levels."
- "They [group homes] are only concerned with rushing you out to graduate, so it's misleading when you do graduate way under the level you should be at."
- "The education we receive at group homes will not prepare us for college."

Youth Ideas for a Solution

- Teachers and school counselors should be educated on the culture of foster care in order to better prepare themselves to serve the needs of this population, dispel stereotypes, provide them with educational resources and opportunities unique to them, and to prevent educators from crippling the youths' education by demanding less of them due to pity.
- Schools should be held accountable to the AB490 legislation and punished for non-compliance since it is the law.
- Invite community college & university outreach teams to group home sites to talk with youth about options for college, trade school & scholarships.
- Students should attend public school unless there is an extreme reason that prevents them from doing so; it is their right to attend public school.
- Reduce the turnover rate for teachers at these institutions by increasing pay or arranging a student debit relief program.

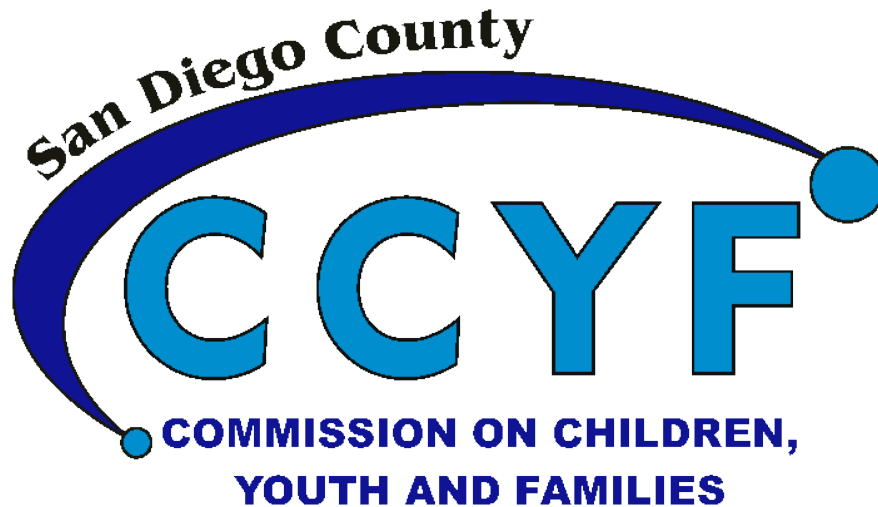
Transitioning from Care to Independence

- Youth are still experiencing shock at how under-prepared they are and how many experience homelessness once they age out.
- Many youth say they have someone to rely on when they age out and when asked who, it turns out to be a friend no more independent than themselves.
- "We have no job experience here because we can't get out and we don't have transportation."
- ILS needs to have more hands on activities included in the program like going out and shopping for food, using an ATM, etc.

Youth Ideas for a Solution

- Develop healthy relationships with a number of adults starting at age 16 before youth age out.
- Include a healthy relationships segment in ILS to prevent domestic violence and other forms of abuse.
- Get foster parents, social workers and ILS case managers involved early in teaching youth how to do things for themselves.
- ILS classes need to be more separated throughout high school so it's not all crammed in senior year. ILS should start at age 14 or 15.
- Introduce more hands on/"field" trip experiences where the youth can actually do what they are being taught.
- Open up wait lists for transitional housing as early as age 16.5 or 17.

***A full report can be viewed and downloaded from the Commission's website: sandiegoCCYF.org.**



REPORT FROM THE FAIRNESS AND EQUITY COMMITTEE

“RACIAL DISPROPORTIONALITY – THE OVERREPRESENTATION OF A RACIAL GROUP IN COMPARISON TO THEIR NUMBERS IN THE GENERAL SOCIETY – CONTINUES UNABATED IN VIRTUALLY EVERY SYSTEM AND INSTITUTION IN OUR COUNTRY”

Coalition to Overcome Racism:
Dealing with Racial Disproportionality
Santa Cruz Sentinel 7/11/10

“WHEN SPIDER WEBS UNITE, THEY CAN TIE UP A LION”

Ethiopian proverb

NOVEMBER 2010

FORWARD

The Fairness and Equity Committee patterned its' work after the California Child Welfare Redesign effort, which started one of the original Fairness and Equity committees in California. Both Committees examined the issue of over-representation or disproportionality related to children and families of color, particularly African American and Native American families in our State and County.

A committed group of community individuals, Child Welfare Administrators, community providers, and other leaders came together to look at the issue of disproportionality as it exists in San Diego. San Diego, like other Counties and communities in California, has disproportionate numbers of African American children and Native American children in the Child Welfare System, which begs for examination and identification of ways to address this problem. This report clearly identifies the problem and begins to make recommendations for change.

Each of the committee members came to an appreciation of the depth of the problem as it exists in San Diego and the negative impact it has had on African American/Native American children and families and the need for reform. This National/State/local issue requires a closer examination of all of the contributing factors, which created this problem. Reforming our system to serve families of color in a healthy, strength-base manner will improve outcomes for children and families, reduce the numbers and length of stays in foster care, and provide children of color the opportunity to grow up in a healthy family they can call their own. Reforming and redesigning the work we do in protecting and caring for children is critical and important work we must do in San Diego, which leads to making changes to improve the lives of all San Diego's Children, including African American/Native children.

Additionally, each of the committee members worked tirelessly to bring new awareness, insight and the beginnings of change. This sobering report helps us all understand there is much work to be done and we are only at the beginning of our efforts. However, we are excited to see the work continue and some needed changes come to fruition. We also must acknowledge the hard work of Patricia Bevelyn, Karan Kolb, Antonia Torres, Kathy Jackson , Roseann Myers, and all of the other committee members as well as the agency commitment and support of County of San Diego Child Welfare Services, County of San Diego Juvenile Court, the Commission on Children, Youth and Families & Casey Family Programs. A special thanks goes to Lyn Angene for all of her writing and hard work.

Also, our communities recognize that we - the community - have a part and obligation to work with Child Welfare System in creating the change we all desire. The community can no longer be the observer on the sidelines; they must be champions of change and work with our public-serving systems to protect our children, strengthen our families, and allow them to obtain the safety, health, and the well being needed to be vibrant healthy children, families, and communities.

Daphyne Watson, Co-Chair, South Bay Community Services
Jorge Cabrera, Co-Chair, Casey Family Programs

FORWARD

With appreciation to the following Committee members who contributed their time and expertise to the work.

Lyn Angene, County of San Diego, Superior Court, Dependency Section

Patricia Bevelyn, County of San Diego, HHSA Child Welfare Services.

Phyllis Castillo-McMahon, County of San Diego, HHSA Child Welfare Services

Marilyn English, Dream Weavers of San Diego

Luis Fernandez, County of San Diego, HHSA Child Welfare Services

Diane Ferreira, County of San Diego, HHSA Child Welfare Services

Jennifer Fightlin, County of San Diego, HHSA Child Welfare Services

Deborah Fitch, Public Child Welfare Training Academy (PCWTA)

Kim Frink, County of San Diego, HHSA Child Welfare Services

Karan Kolb, Indian Health Council, Inc.

Roseann Myers, County of San Diego, HHSA Child Welfare Services

Ken Nakamura, San Diego State University, School of Social Work

Harold Randolph, Commission on Children, Youth and Families

Leesa Rosenberg, County of San Diego, HHSA Child Welfare Services

Nancy Spence, Indian Health Council, Inc.

Lisa Tange, Casey Family Programs

Tonya Torosian, Commission on Children, Youth and Families

Antonia Torres, County of San Diego, HHSA Child Welfare Services

Robert White, County of San Diego, HHSA Child Welfare Services

FORWARD

EXECUTIVE SUMMARY

The problem	<p>In San Diego County, Black children comprise a little over 4% of the child population but over 23% of the children in foster care. Native American children comprise less than 1% of the child population but 2% of those in foster care. Disproportionality occurs at every step in the process, from initial reports of maltreatment to entry into foster care. Black and Native American children stay in the system longer and have poorer outcomes. The problem is not unique to child welfare, but occurs in all child-serving systems.</p>
Goals and objectives	<p>The multi-agency Fairness and Equity Committee has served as a subcommittee of the Commission on Children, Youth and Families from 2005 to 2010 and has been working to address the issue. Key areas of focus and accomplishments include the following:</p> <ol style="list-style-type: none">(1) Resource development and oversight efforts have resulted in securing the support and participation of the top leaders in child-serving systems;(2) Social marketing has resulted in building collaborative partnerships with the Black and Native American community;(3) Training has increased knowledge of stakeholders and supported the development of a culturally competent workforce; and(4) A number of innovative programs have been implemented.
Lessons learned	<p>Through its work over the past five years, the Committee has identified critical elements in addressing disproportionality. These are</p> <ol style="list-style-type: none">1. Having a knowledgeable and highly aware workforce;2. Building critical alliances with community partners, parents and youth;3. Having Agency leadership committed to a sustained long-term effort; and4. Garnering technical assistance/support from foundations with resources.
Recommendations	<p>Recommendations for future efforts to address disproportionality include:</p> <ul style="list-style-type: none">o Implement other promising programs such as Parent Peer Partners, Cultural Team Decision Making, and Cultural Brokers.o Coordinate efforts of the Child Welfare System, Welfare to Work and Public Assistance Programs so that opportunities for prevention and/or reunification are maximized.o Continue exploration of ways to strengthen services to families and expand partnerships with the community.o Continue training of social workers and expand scope to include other stakeholders such as the Juvenile Court.o Expand Project Save our Children to other regions.o Expand the work to include Hispanic families, who are also experiencing disproportionality, and to other related systems.

STATEMENT OF THE PROBLEM

The National Picture

The problem is pervasive	Disproportionality and disparate outcomes for children and families of color occur in a wide number of systems including juvenile justice, criminal justice, education, health care, mental health care and child welfare. This report focuses on the problem within the child welfare system, although it should be noted that disparities within one system often negatively affect experiences in others.
Disproportionality in child welfare	As early as 1963, Black and Native American children were over-represented in the child welfare system. Today, Black and Native American children are represented in foster care at twice their proportions in the census populations (Hill, 2006). By contrast, White and Asian children are underrepresented. Hill notes that “In sum, at the national level, Blacks and Native Americans are twice as likely to be investigated or substantiated than they are in the general child population, but they are two or three times more likely to be placed in foster care than they are in the general child population.”
The cause: theories	Despite an abundance of studies on the subject, the cause of disproportionality has not been determined. A number of theories have been put forth, each with their supporters. The most common ones are that (1) some ethnic groups experience more risk factors associated with maltreatment of children such as unemployment, teen parenthood and other stressors; (2) ethnic groups reside in communities with risk factors that make them more visible to surveillance from public authorities; and (3) ethnic groups are overrepresented as the result of decision-making processes of child welfare agencies, cultural insensitivity, biases, and institutional racism.
Cost of disparities	To the extent that children of color are placed in the foster care system while White or Asian children in similar circumstances are not, the impact is felt on many levels: fiscal, system resources, and personal outcomes for the youth. As examples, California spent about \$5.4 billion on child welfare services in 2008-2009, of which over one billion was for foster care support payments. Social workers carry caseloads of twice the recommended limit.
Strategies	Many states are tackling the issue of disproportionality with strategies that include legislative reform, partnering with the community and other stakeholders, increasing public awareness, human service workforce development, data-based decision making, and implementation of new programs or changes in practice.

STATEMENT OF THE PROBLEM

The San Diego Picture

Population compared to those in care

In 2009 there were 807,600 children ages 0 to 17 in the county. The following is based on the 770,546 with a known ethnicity. On July 1, 2009, there were 4,317 children ages 0-17 in foster care. However, the proportion in foster care varied greatly according to ethnicity:

1 out of 187 children living in the county were in foster care. By ethnicity:

1 out of 422 Asian/Pacific Islander children

1 out of 338 White children

1 out of 158 Hispanic children

1 out of 69 Native American children

1 out of 32 Black children

Because of these large variances, the ethnic makeup of the foster care population differs substantially from the child population in general as shown in the table below.

Ethnic group	Ethnic Distribution of the Child Population in the County in 2009	Ethnic Distribution of those in Foster Care Point in time: 7/1/09
White	44.4%	23.4%
Hispanic	41.9%	47.4%
Asian/Pacific Islander	8.8%	3.7%
Black	4.2%	23.4%
Native American	.8%	2.0%
Total	100%	100%

Decision stages

The number and ethnicity of children in foster care represent an accumulation of primarily four decisions: reporting, substantiation of maltreatment, entry into foster care, and length of stay in care.

In San Diego, Black and Native American children are more likely to be reported, more likely to have the allegation substantiated, more likely to be placed in care, and stay in care longer than White children.

GOALS

Fairness & Equity Committee; System Improvement Plan

Summary	<p>San Diego has been formally addressing the issue of disproportionality in <u>child welfare</u> since 2005. The two main arenas in which goals have been set are the Fairness & Equity (F & E) Committee of the Commission on Children, Youth and Families and the Child Welfare Services' System Improvement Plan (SIP).</p>
Fairness & Equity Committee	<p>The Fairness & Equity Committee was formed in January 2005 to examine the issue of overrepresentation of persons of color in child-serving systems and to improve the well-being of these children and families. Members conducted strategic planning to set goals and develop a shared vision and purpose. The Committee selected the following key areas of focus: (1) Resource Development and Oversight; (2) Social Marketing; (3) Improved Practice through Training; (4) Innovative Program Strategies; and (5) Culturally Competent Workforce.</p>
System Improvement Plan (SIP)	<p>In 2004 the State of California initiated a work plan to better monitor the quality of services provided to maltreated children. To that end, each county is required to conduct a County Self-Assessment followed by a System-Improvement Plan (SIP). The first County Self-Assessment quantified substantial over-representation of Blacks and Native Americans in out-of-home care. Since then, Fairness and Equity/Agency Collaboration have been systemic factors included in the San Diego SIP. SIP goals were developed in concert with the Fairness & Equity Committee's purpose and five key focus areas as follows:</p> <ul style="list-style-type: none">○ Increase CWS staff and other stakeholders' awareness and knowledge of disproportionality in the CWS population, highlighting Black and Native American groups. (F & E focus area 2)○ Improve the practice of CWS staff and other stakeholders that may impact disproportionality of Blacks and Native Americans in the County's child welfare system. (F & E focus area 3 and 5)○ Utilize the County's Fairness and Equity Committee to provide input on the fairness and equity SIP activities and assess the impact on the County's disproportionality in its child welfare system. (F & E focus area 1)○ Reduce disproportionality. (F & E purpose)○ Implement Structured Decision Making. (F & E focus area 4)○ Participate in the California Disproportionality Project to reduce the disparate number of Black children represented in CWS. (F & E purpose)○ Increase collaboration with the Native American community around the issue of disproportionality. (F & E purpose and focus areas 2 and 5)

MILESTONES

Focus Area 1: Resource Development and Oversight

Strategies Strategies for this focus area included identifying representatives in the community to serve as cultural consultants to social workers, developing champions among the leadership of child-serving systems, identifying funding sources, providing oversight by serving in an advisory capacity to CWS, and data monitoring.

Milestones Milestones include the following:

- Disproportionality is incorporated into the policy level of child-serving systems, including the Commission's subcommittees, an Action Team of top leaders in the system as well as the community, and is one of the two key focus areas of the Blue Ribbon Commission.
- Casey Family Programs has consistently provided funds and technical assistance to support professional training, the California Disproportionality Project and the Family Finding Pilot project in San Diego's Central Region. Other funding sources are needed in order to expand best practices.
- The Committee provided substantial input on the CWS System Improvement Plan, as noted on the previous page.
- The Committee reviews statistics provided by CWS that assist in monitoring progress. Quarterly system improvement meetings are held with the Tribal Child Welfare Community, where attendees review data trends and discuss strategies to improve outcomes.

Focus Area 2: Social Marketing

Strategies Social marketing draws from successful techniques used by commercial marketers, but rather than limiting information dissemination to top-down, it includes listening to the needs and desires of the target audience and building programs from there. Strategies focused on facilitating the exchange of experiences and ideas between community members and professionals.

Milestones Milestones include the following:

- The Committee produced a FACT SHEET that provides a synopsis of the issue at the local level.
- The Committee implemented community focus groups in the Central Region. These have developed into a kinship caregiver's network.

Continued on next page

MILESTONES

Focus Area 2: Social Marketing, Continued

Milestones, continued

- In 2008, members of the Committee conducted outreach to the Native American community by holding a joint meeting at the Rincon Reservation. The Committee solicited input on the systemic problems that the tribes have in working with the child welfare system and collectively the two groups brainstormed possible solutions. These joint meetings are integrated into CWS, whereby CWS managers conduct quarterly system improvement meetings with the Tribal Child Welfare representatives. Most are held at one of the local reservations, which facilitate participation of the tribal community, parents and youth.
- The Committee has formed a public-private partnership with community leaders and concerned citizens in the Black community. The primary focus of the group is to educate the community on the issue of disproportionality and its impact on the well-being and future of Black children and families. See Innovative Programs for more information.

Focus Areas 3 and 5: Training & Culturally Competent Workforce

Strategies

Training strategies included bringing in national experts, getting technical assistance from jurisdictions that had more experience in addressing the issue, participating in the California Disproportionality Project, researching best practices, revising the training curriculum for social workers, and providing information to families to facilitate engagement with the child welfare system.

Milestones

Milestones include the following:

- The Committee has periodically brought in national experts to provide training to the Committee and other stakeholders.
- The Committee implemented a number of recommendations from King County, Washington, which provided valuable technical assistance. A few of these include: (1) move from dialogue to action, (2) reach out to all who are committed to the work without regard to title/position, and (3) begin educating the community.
- The Committee researched programs that have been effective in addressing disproportionality in other jurisdictions.
- An extensive amount of training has been provided to social workers and all CWS training curriculum was updated to address disproportionality. Training has also been provided on family engagement techniques with families from other cultures and other related topics.

MILESTONES

Focus Areas 3 and 5: Training & Culturally Competent Workforce, Continued

Milestones, continued

Milestones include the following:

- With support from the Committee, San Diego Child Welfare Services successfully applied to be included in the California Disproportionality Project (CDP). The Project provided a forum for counties to come together and focus on the issue of disproportionality. San Diego was one of ten counties invited to participate and the only county that sent two teams focused on two different community ethnic groups.
- Education efforts have extended to include parents as well. CWS developed a booklet and DVD entitled “A Parent’s Guide to Child Welfare Services and the Juvenile Court: Indian Child Welfare Version” to help Native American parents understand the legal process involved in the child welfare system.

Focus Area 4: Innovative Programs

Strategies

This focus area involved strategies for initiating new policies and practices.

Milestones

- “Universal service” strategies are based on the premise that improvement in services to all families will result in better outcomes for children and families of color since some of the services most valuable to minority families are often critical for the success of all families. CWS has implemented six such programs, including (1) Structured Decision Making (SDM); (2) Team Decision Making (TDM); (3) the Choice Program; (4) Incredible Families; (5) Peer Parent Support Group; and (6) Signs of Safety.
- Five of the changes were designed specifically for Native American families: (1) Prevention Caseworkers; (2) Family Unity & Nurturing Meetings; (3) Child Protection Team; (4) Child Assessment Center; and (5) Club 7.
- Two changes were designed specifically for the Black community. One of these was a review of cases where Black foster youth are expected to age out of the system to determine if an alternative plan can be identified. The second was the Central Region Pilot program to implement Family Finding.
- Note: The Cultural Broker Program is in the exploratory stage of development and is expected to be implemented early in 2011.

Each of these programs is discussed more fully in the extended report.

APPROACHES BY OTHER JURISDICTIONS

Overview	<p>The Committee reviewed a large number of approaches taken in other jurisdictions and identified these four as having particular promise.</p>
Cultural Broker Model	<p>The Cultural Brokering program has been successful in reducing disproportionality in Fresno and is one of the programs that is expected to be implemented in San Diego in 2011. The cultural broker is someone in the community who can serve as the “go-between” between people of a certain culture and an agency or institution. Ideally, the cultural broker is of the same culture as the family or at least has an extensive knowledge of the family’s culture.</p>
Harlem Children’s Zone (HCZ)	<p>The Harlem Children’s Zone is a strategy that emphasizes family engagement and comprehensive, neighborhood-based intensive services to prevent foster care placement. Programs include initial assessment in the home, truancy prevention, family development that works closely with the schools and provides after school, evening and weekend programming for children and families, combining substance abuse services with family strengthening, short-term crisis intervention and home-based supportive counseling combined with recreational enrichment programs.</p>
Texas statewide model	<p>“Senate Bill 6, passed by the 79th Texas Legislature, 2005, and signed by Governor Rick Perry, laid the foundation for comprehensive reform of Child Protective Services (CPS) in Texas. One aspect of that reform is addressing issues of disproportionality or overrepresentation of a particular race or ethnicity within CPS. Since the legislation’s passage, the state has analyzed data related to enforcement actions, reviewed policies and procedures in each CPS program, and developed and implemented programs to remedy disparities.”</p>
Courts Catalyzing Change	<p>The National Council of Juvenile and Family Court Judges (NCJFCJ) has undertaken a project called Courts Catalyzing Change: Achieving Equity and Fairness in Foster Care Initiative (CCC) which is funded by Casey Family Programs and supported by the U.S. Department of Justice, Office of Juvenile Justice and Prevention.</p> <p>The program brings together judicial officers and other system experts to set a national agenda for court-based training, research and reform initiatives to reduce the disproportionate representation of children of color in the dependency court system. One of the tools includes a Benchcard[®] to serve as a checklist of key inquiries, analyses and decisions.</p>

LESSONS LEARNED

General lessons With respect to the Casey Family Programs' Breakthrough Series Collaborative on Reducing Disproportionality and Disparities for Children and Families of Color in the Child Welfare System noted earlier, all counties learned the importance of: having a knowledgeable and highly aware workforce; building critical alliances with community partners; Agency leadership committed to a sustained long-term effort at reduction; and garnering technical assistance, support, and strong leadership from foundations with resources like Casey Family Programs.

San Diego participants Lessons learned with respect to the Central Region/Family Finding pilot project included the following:

Children were pleased to know that they had family members not previously discovered and most were interested in reconnecting with family. However, the older children were sometimes reluctant to establish a relationship; they were unsure that they could trust the "newfound" family who they felt should have been involved in their life when they first entered the system. Therefore, it is best to connect the child with the family as early in the process as possible, preferably at the time of removal.

Substitute care providers sometimes perceived it as an effort to disrupt placements. They need to be more fully engaged in helping children connect with relatives and see themselves as a partner in the process.

Families learned that children are not lost forever and that there was an opportunity for them to reconnect with a family member. Parental engagement needs to include the paternal side as well as the maternal side; otherwise, a valuable resource to the child can be lost.

When social workers were supportive, they were able to anticipate the initial "no" or resistance on the part of the substitute care provider and youth and were more willing to work through it; teamed effectively with the contractor on moving the process along; and recognized that the work did not stop at the finding of family and that follow-up is critical.

Team 7th Generation Lessons learned with respect to the 7th Generation Team include:

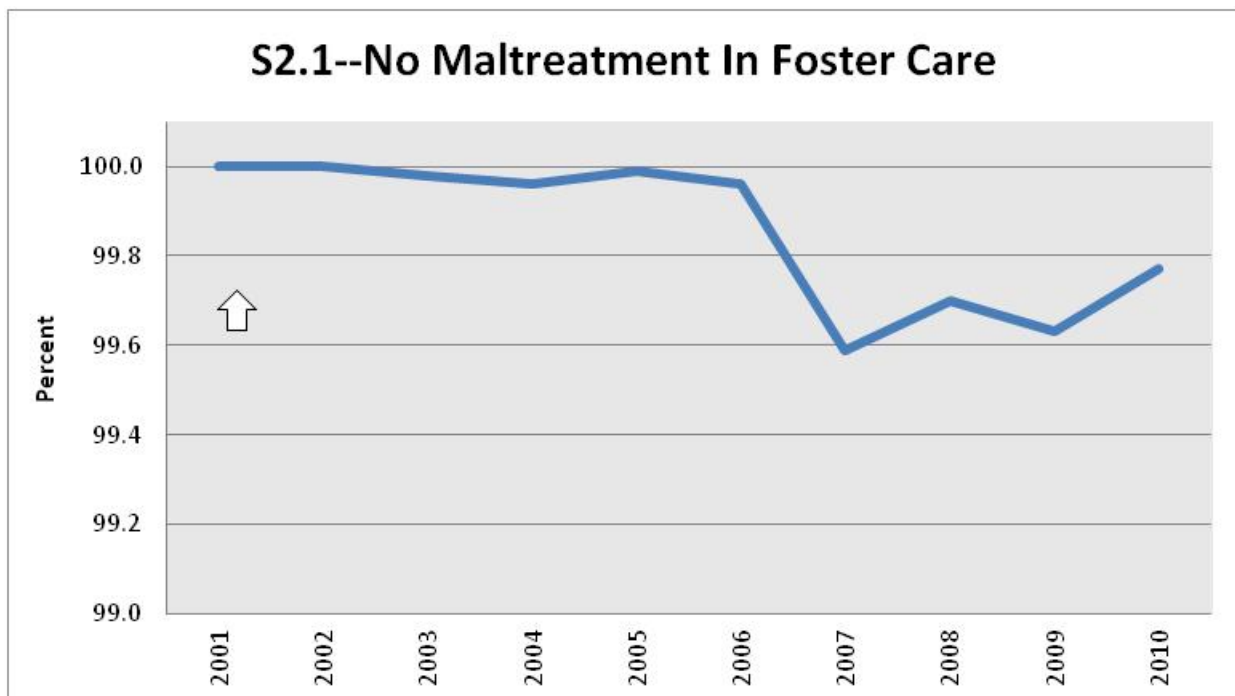
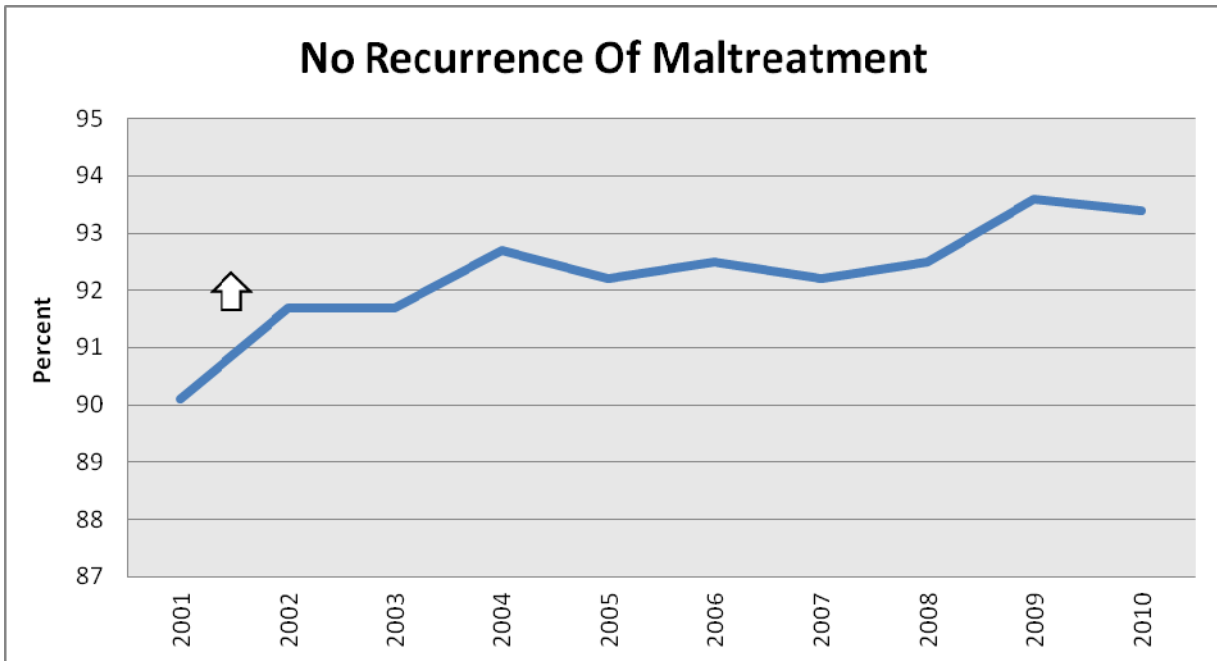
Participation by the Native American youth, who proved to be leaders, was critical; their passion and enthusiasm were contagious.

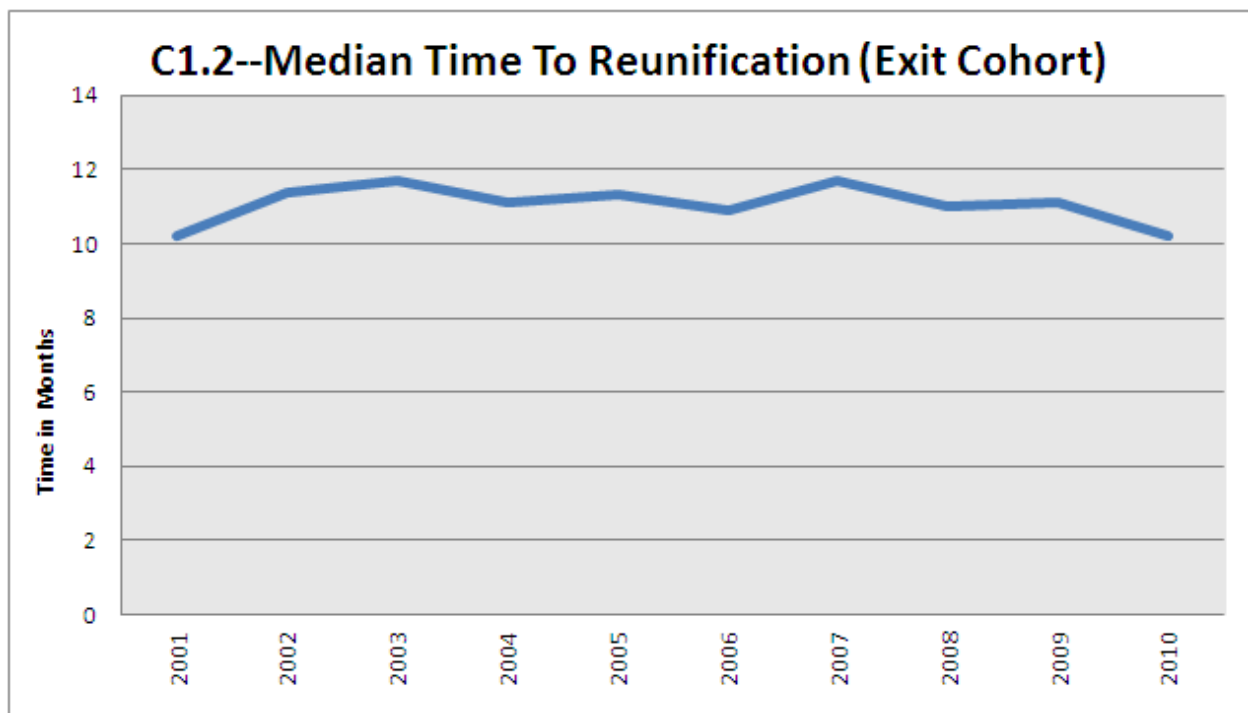
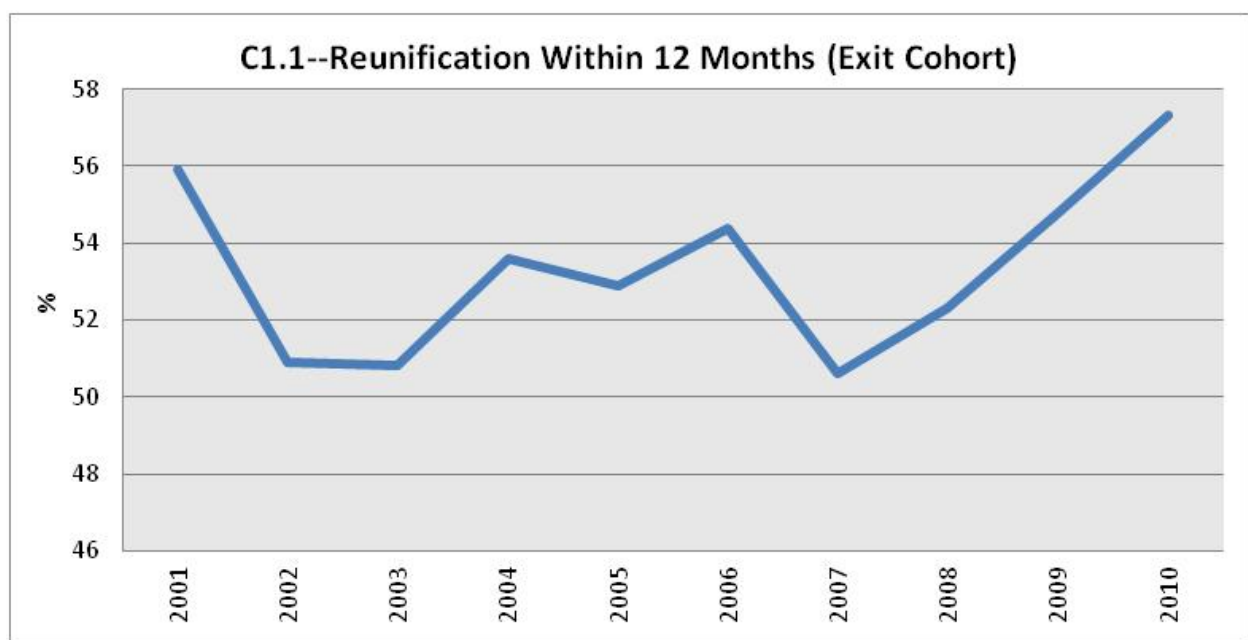
The best result was the opportunity for the various Indian, community and county entities to better understand each other, which in turn leads to respect for what each can bring to a collaborative effort.

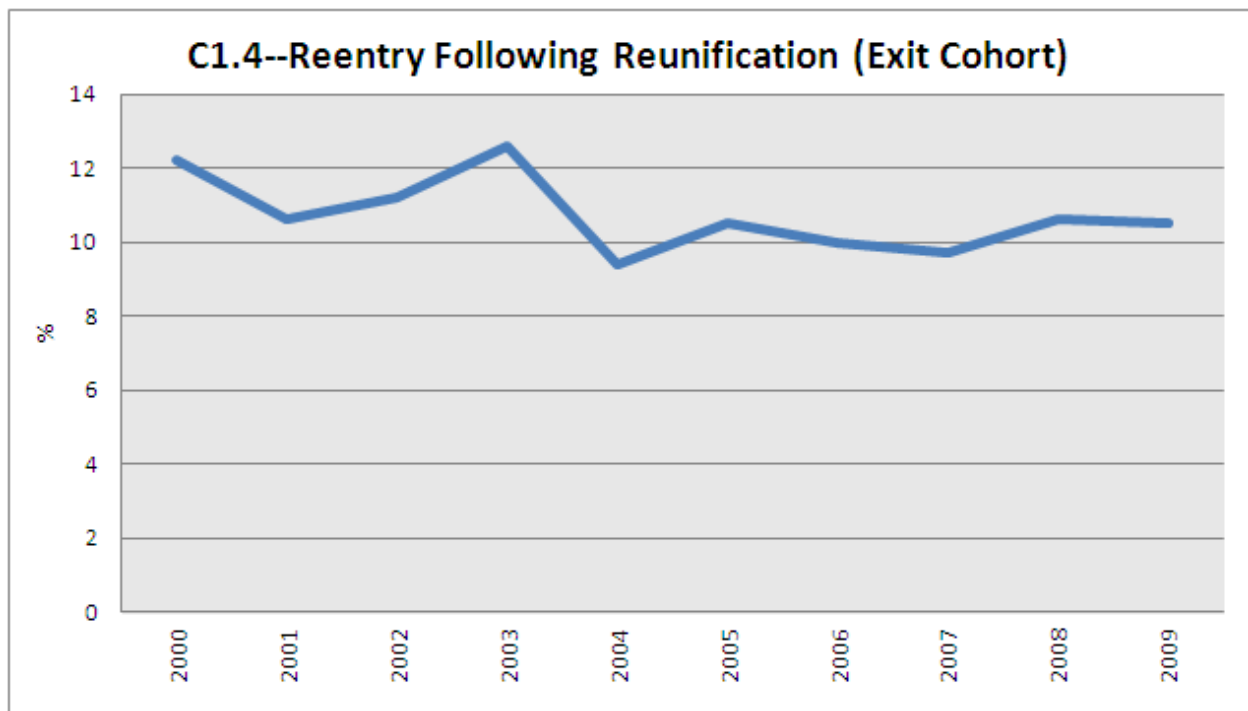
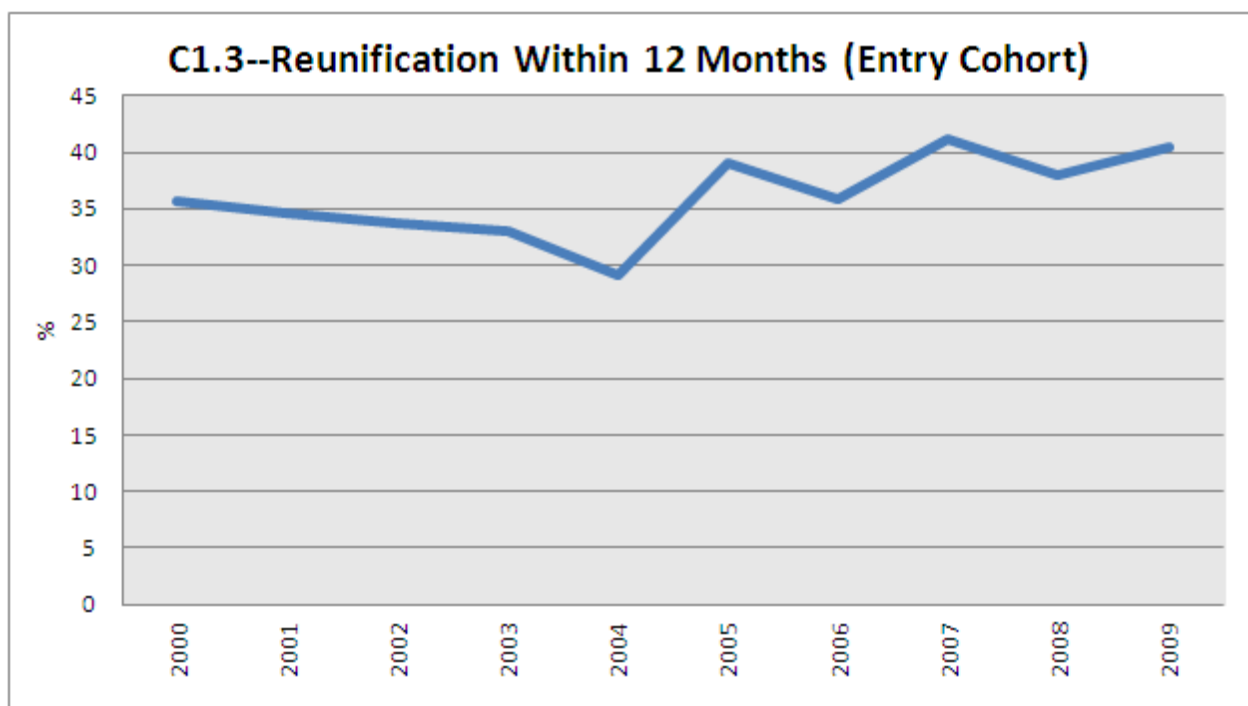
RECOMMENDATIONS

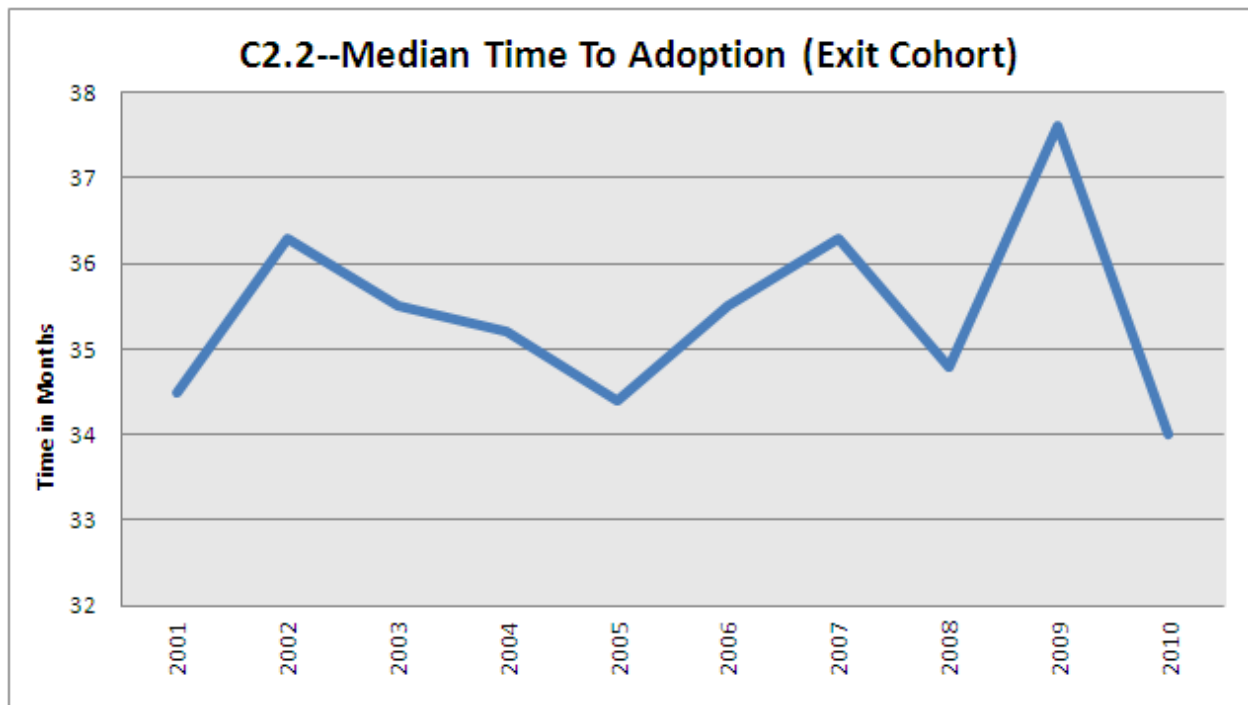
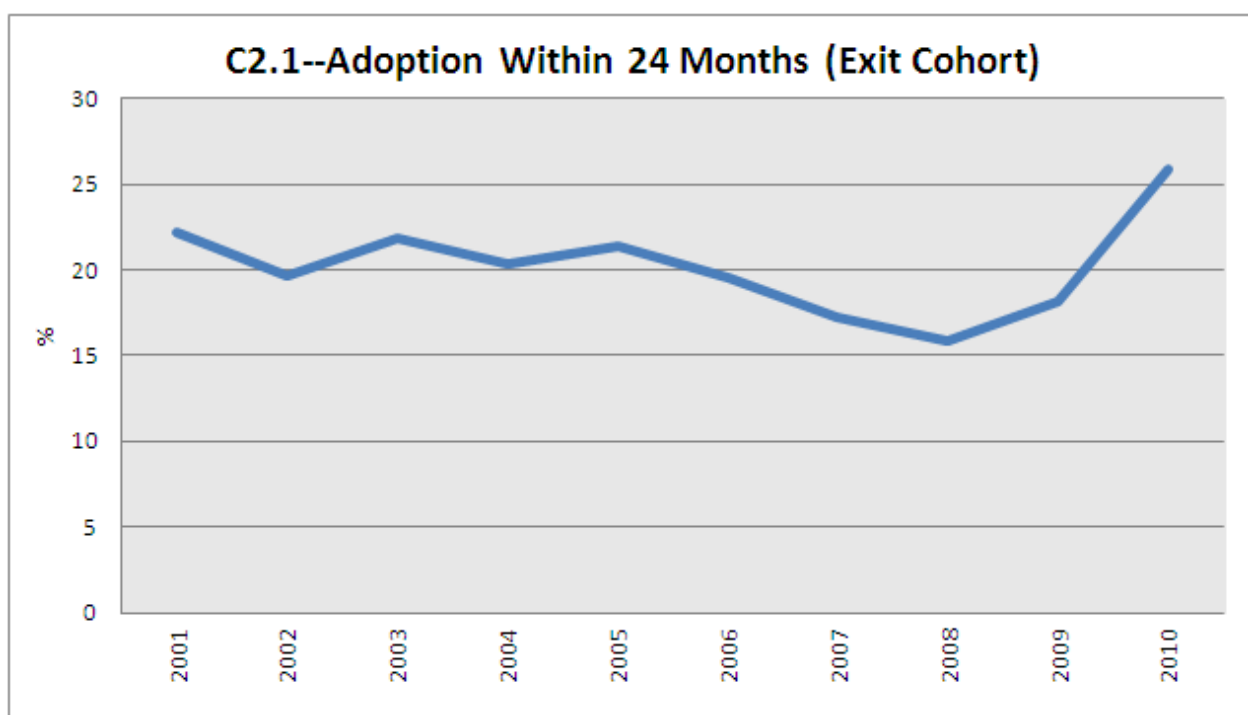
Implement other promising practices	Implement other promising practices such as Parent Peer Partners, Cultural Team Decision Making and Cultural Brokers. The Cultural Broker Program was described in the section on Approaches by Other Jurisdictions. The San Diego Action Team is in the planning stages for implementing this program, with intended start-up in early 2011.
Coordinate with other programs	Coordinate efforts of the Child Welfare System, Welfare to Work and Public Assistance Programs. As noted earlier, poverty is a high risk factor for child abuse and neglect. It is critical that these programs work in concert with each other to maximize opportunities for prevention and/or reunification.
Improve family support efforts	Parents whose children are in foster care are required to engage in services to resolve the safety issues that resulted in removal. One of the tasks of the Commission committees will be to assess the degree of match between where services are needed and where they are located. This effort should be expanded to include an examination of services beyond the Commission's three focus areas.
Expand community involvement	Project Save our Children involves the community in the issue of disproportionality in the Central Region. It is recommended that this strategy be expanded to all Regions.
Continue training and expand scope	Continue training of social workers in disproportionality and expand education efforts to include more stakeholders, one of which is the San Diego Juvenile Court. .
Expand ethnicities targeted	Ten years ago Hispanic children were under-represented in the foster care system but that is no longer the case. The data for 2009 show that Hispanic children are over-represented. This ethnic group should now be included in the work.
Address all systems	San Diego County has been conducting work for several years on the issue of disproportionality with respect to both the dependency and juvenile justice systems. Efforts are also underway in the mental health system and the Commission on Children, Youth and Families has committed to addressing disproportionality in each of the three focus areas for the upcoming two calendar years. It is recommended that the Commission continue to support efforts to address disproportionality in all systems that fall within the scope of the Commission's scope of responsibility. For a discussion of how systems impact related systems, see the extended report.

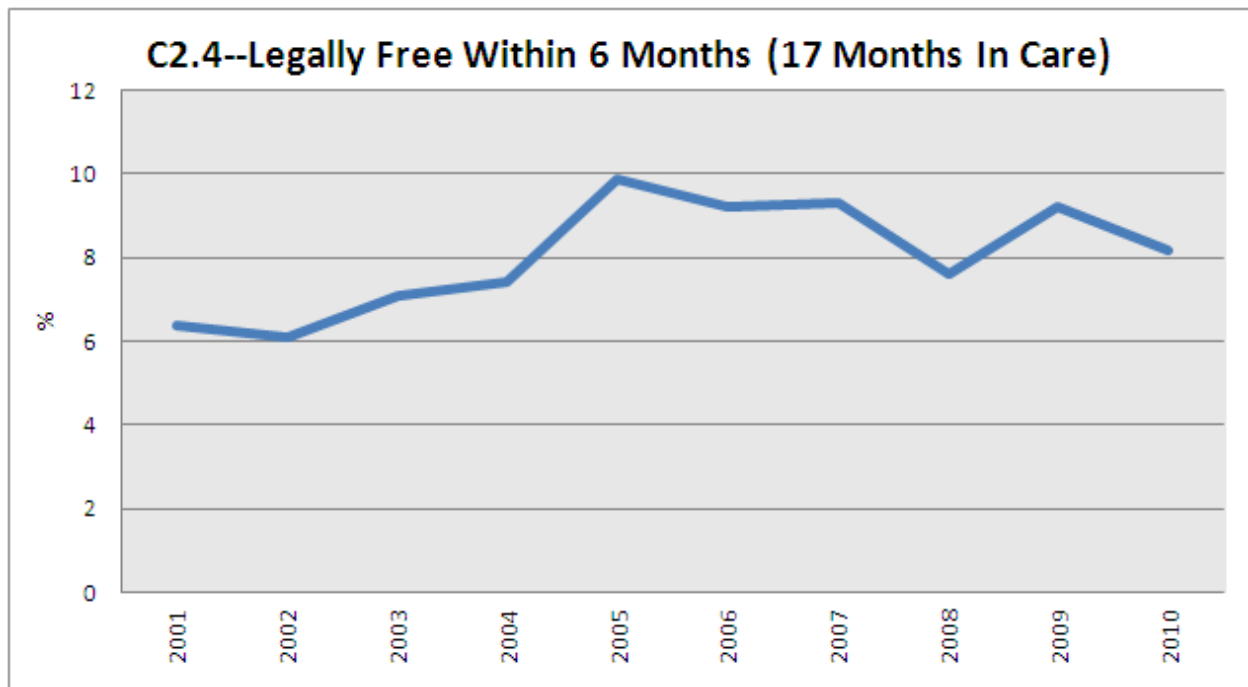
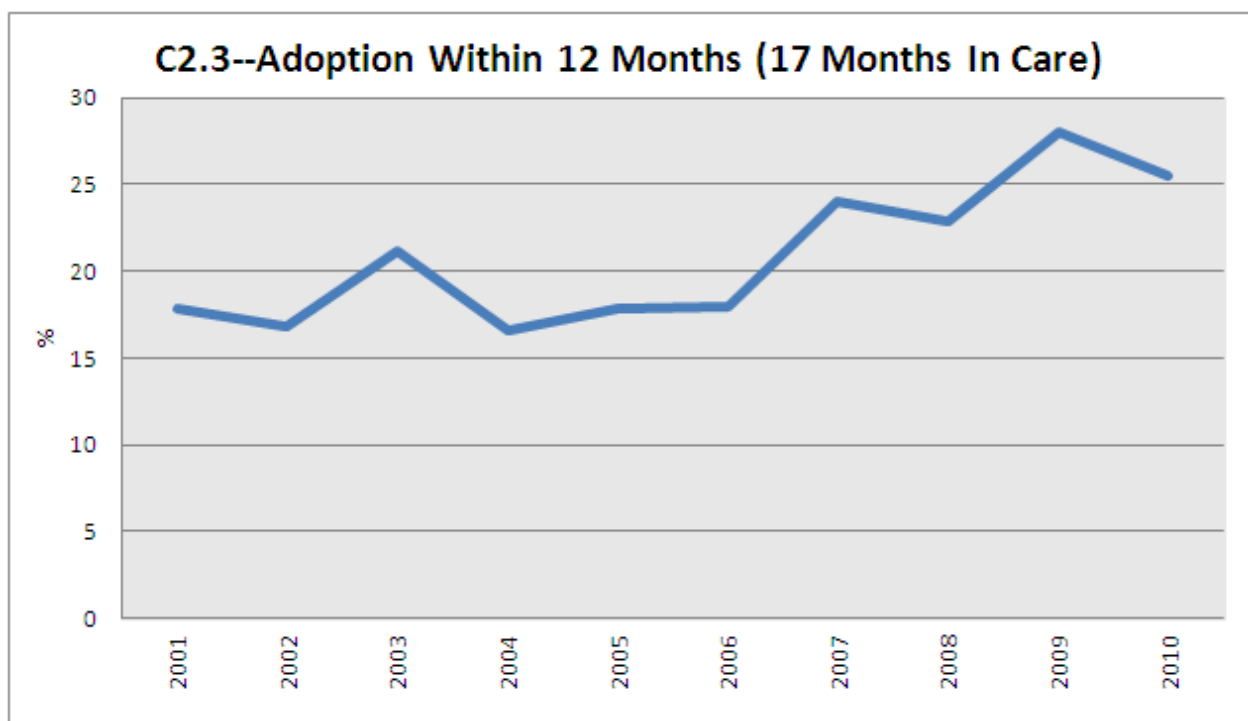
Appendix N: Data Trend Tables

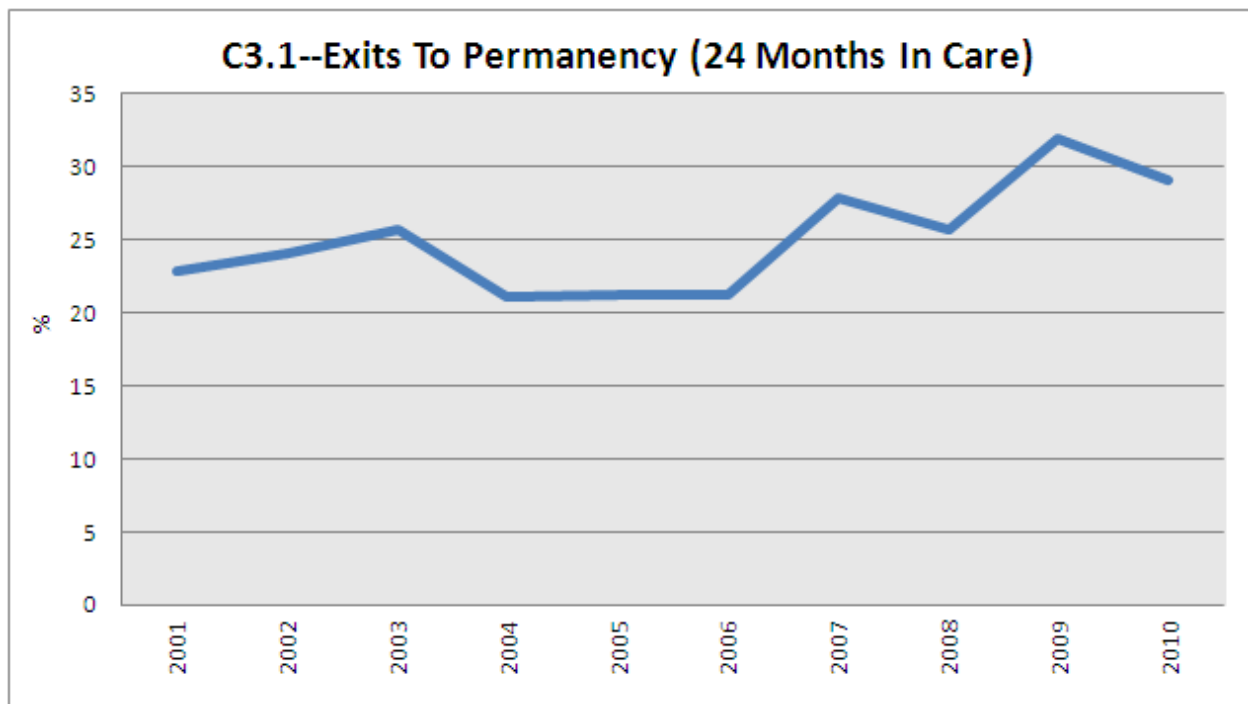
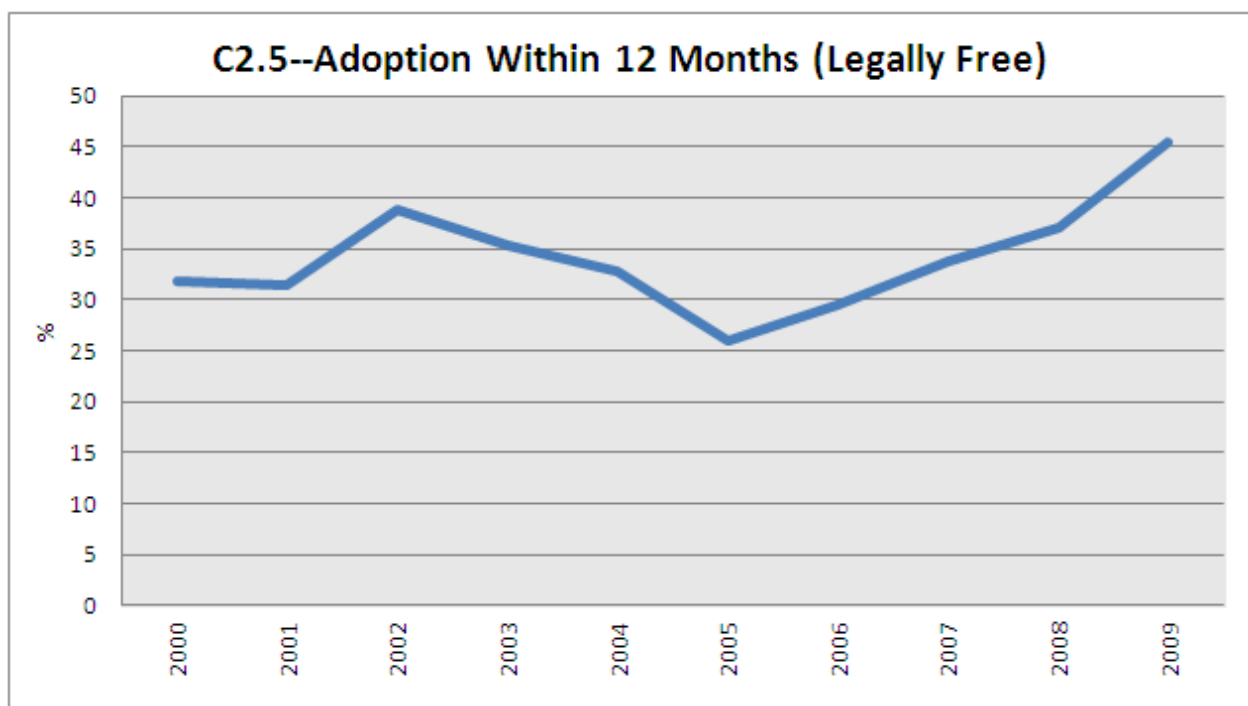


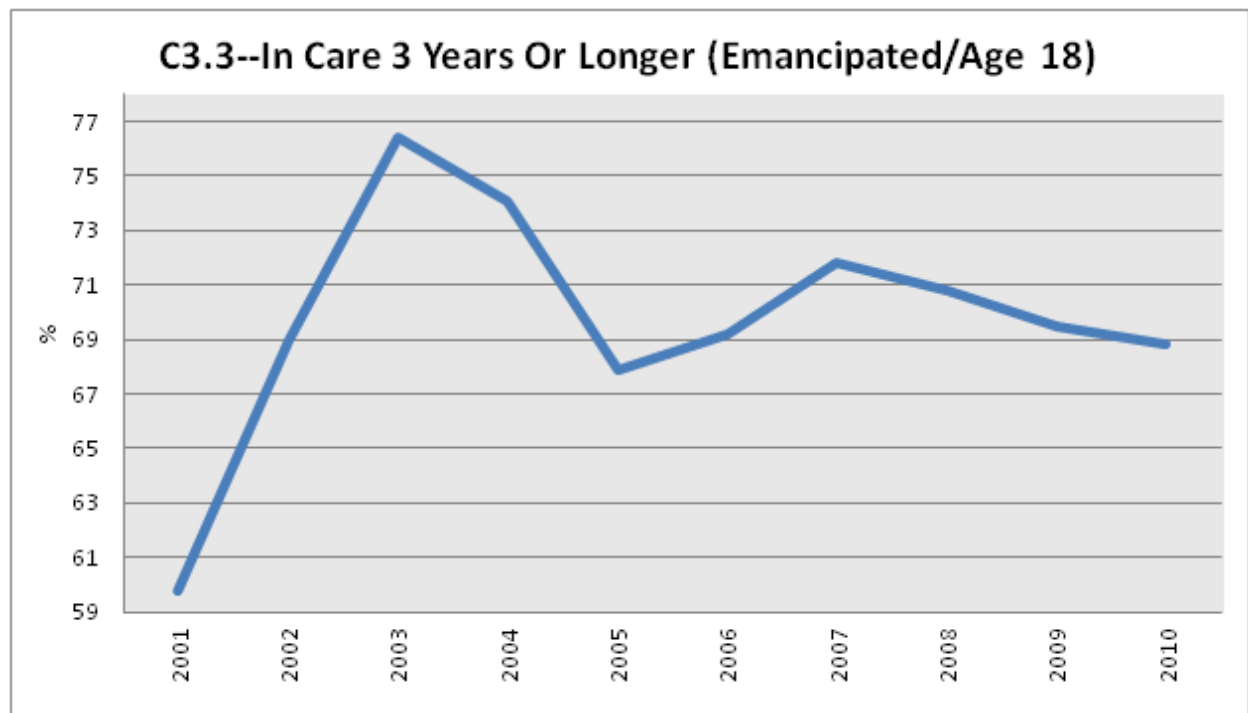
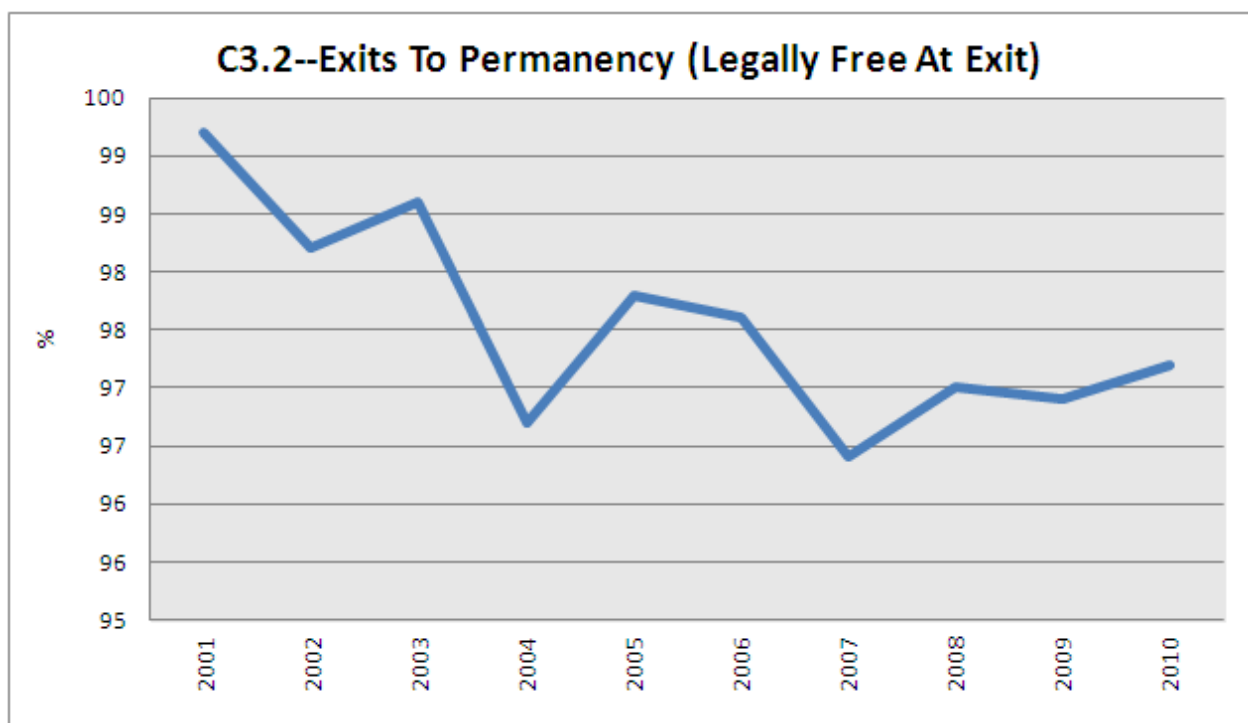


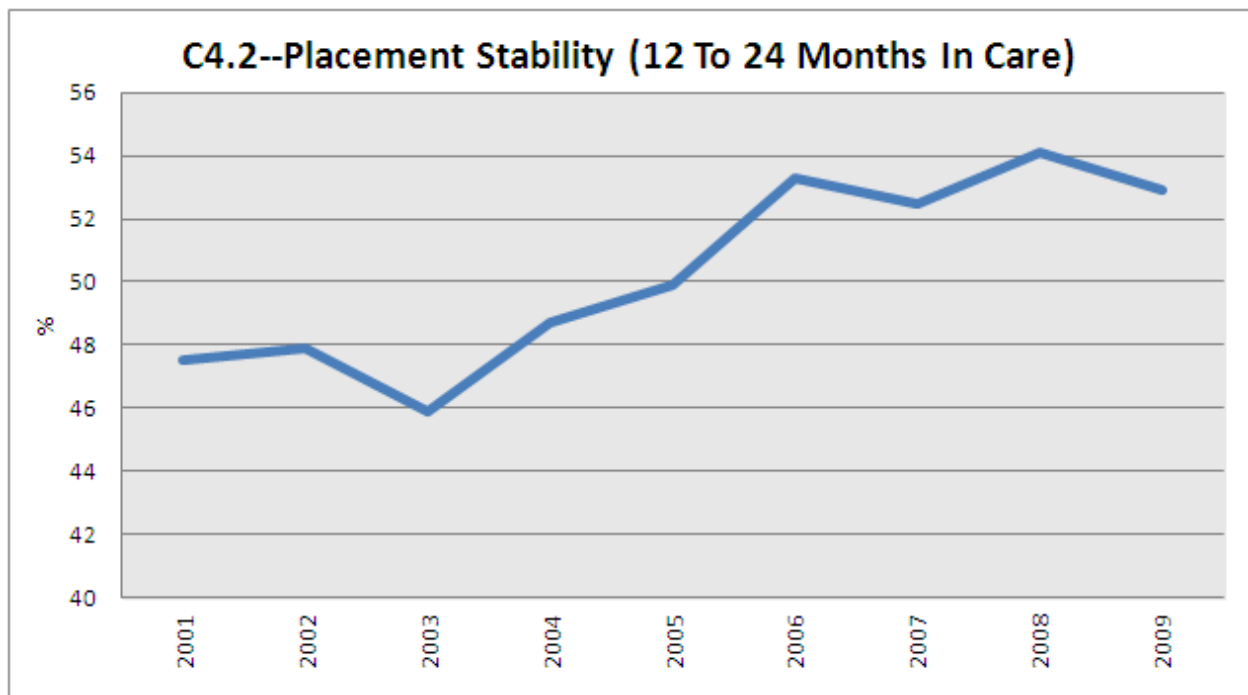
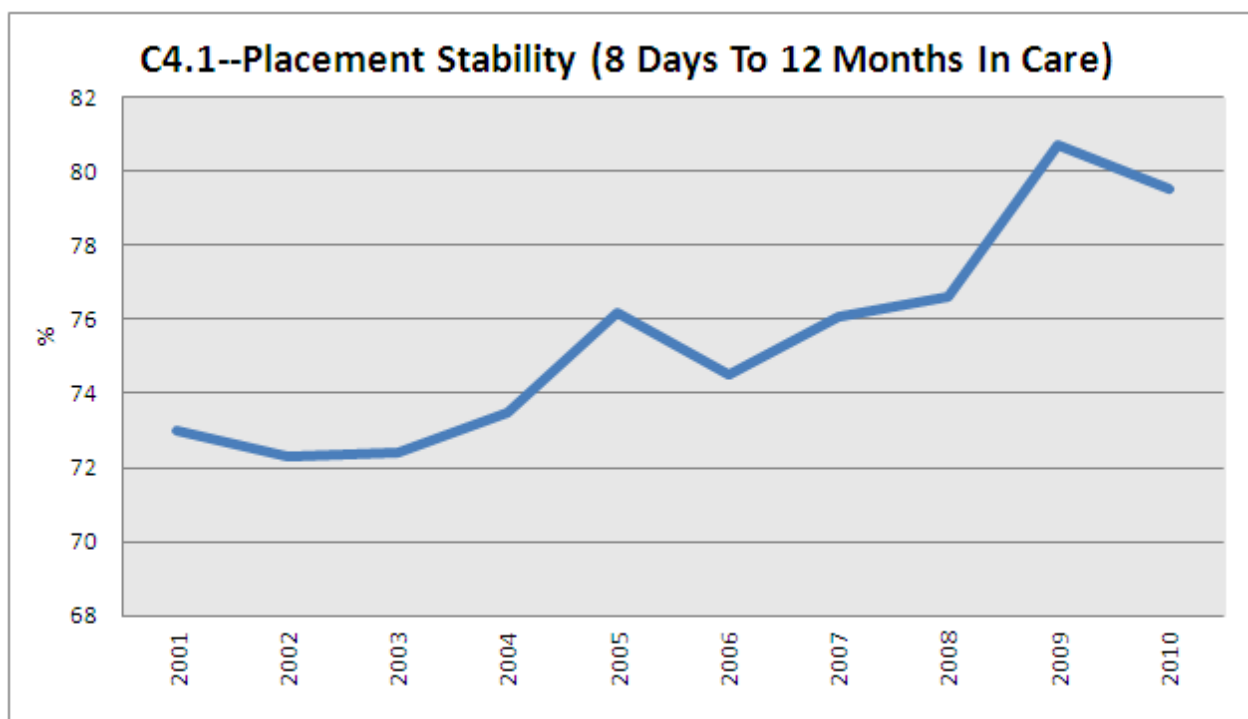


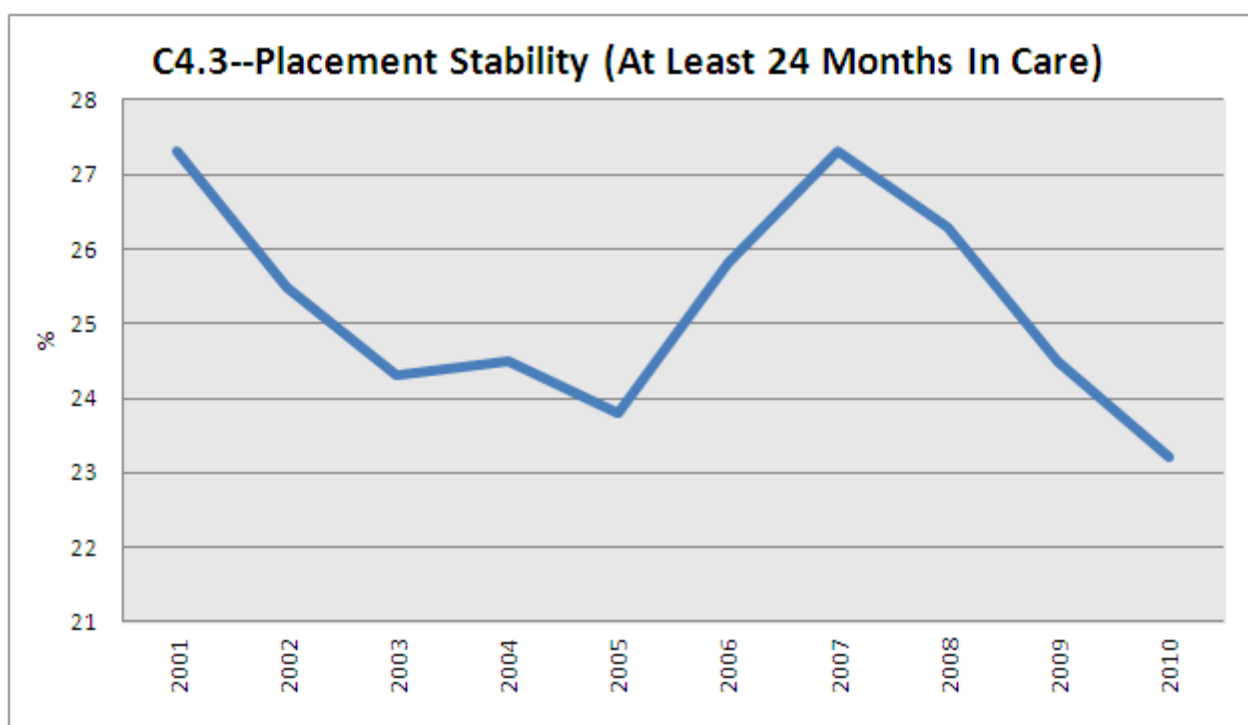












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